An Address
ON
TUMOURS OF THE BLADDER AND ENLARGED PROSTATE.

Delivered before the Hull Medical Society

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[AFTER some introductory remarks Mr. Wallace said:]

With the introduction of the light internal cystoscope in 1887 the surgery of the bladder became much wider in its scope and more accurate. Diagnosis and prognosis both made enormous strides because definite opinions could be arrived at much earlier in the course of an illness. Dicta which for long had been thoroughly believed were found to be inaccurate and often misleading. Especially this was so in the case of hæmaturia. A patient with hæmaturia might have no other symptom to indicate whether the blood was renal or vesical in origin and not infrequently a wrong diagnosis was made or delay in proper surgical treatment was so great that the likelihood of successful treatment was much lessened. In tumours of the bladder this was particularly the case. Frequently in such tumours a causeless, symptomless bleeding is the first indication of anything being wrong, but diagnosis was often impossible unless a cystotomy, as introduced by Sir Henry Thompson, was performed, and surgeons hesitated to do this without more evidence of the probable seat and cause of the bleeding. Further evidence is got by cystoscopy. To-day in such a case the bladder would be examined cystoscopically and either negative or positive evidence of a tumour would be found, and being got at an early period treatment would be much more satisfactory than it had been formerly. Let me illustrate this by quoting two cases.

CASE 1.—A man, aged 60 years, had a long-standing history of intermittent hæmaturia. For three years he was treated on the assumption that the blood emanated from the kidney or kidneys. He was seen and was treated by several physicians without benefit. The bleeding was occasionally very profuse, but as a rule it was moderate in quantity and was intimately mixed with the urine. There was no other symptom and careful examination of the urine made on many occasions failed to give any clue to the origin of the blood. On cystoscopic examination a large tumour attached to the right lateral wall of the bladder was seen. Suprapubic cystotomy was performed and the greater part of the tumour was removed. He made an excellent recovery. Bleeding recurred at the end of a year, but the patient lived for four years after the operation. The bleeding was at no time so profuse as it had been before operation and the patient was able to perform his business to within a few months of his death.

CASE 2.—In the case of this patient, who was 35 years of age, the first hæmorrhage had occurred one year before I saw him. It was causeless and was associated with no other symptom. There was nothing seen on careful examination of the urine. He came before me during the third hæmorrhage, otherwise he was in excellent health. On cystoscopic examination a tumour—a sessile papilloma—was observed on the right lateral wall. It was of about the size of a walnut. I removed the growth through a suprapubic opening and 13 months after the operation the patient was perfectly well. There was no bleeding or other symptom of recurrence.

These two cases illustrate the difference between early and late diagnosis, and probably the after-history will show the value of early treatment in the second case.

The proof of the importance of the cystoscope is partly demonstrated so far as tumours are concerned by the number of tumours of the bladder which are now treated. Previously to 1888 they were considered rare—now they are known to be of comparative frequency. I have during the last ten years seen upwards of 50 cases. Two books—Albarran's and Clado's—have been written on the subject, and Hurry Fenwick, Barling, Nitze, Guyon, and others have reported series of cases from time to time. This frequency is not, I believe, because vesical tumours are more frequent in their occurrence now than formerly, but it is because they are more often diagnosed. We are all familiar with this in other diseases. Mr. R. J. Godlee in a paper on Actinomycosis[1] refers to this point about new diseases, or increased frequency of occurrence. It is not that they are more common, but when once a disease has been pointed out we are more on the alert to discover it when a case comes before us.

Regarding the varieties of bladder tumour I may first exclude those of extension from adjacent parts, and also those which have originated in the prostate. The classification which I give and my remarks on symptoms and treatment refer to primary tumours of the bladder wall. Albarran's classification is, I think, the best: (1) epithelial tumours: *simple* papilloma and *malign* epithelioma; (2) connective tissue tumours: *simple* fibroma, *malign* sarcoma, myxoma, and fibro-myxoma; (3) tumours of special tissues: angiomata and myomata; and (4) cysts: dermoids and hydatids.

Regarding pathologically simple or malign growths it is right to say that the former may clinically prove fatal just as the latter do unless suitable treatment is carried out. They give rise to hæmorrhage, cystitis, and secondary renal affections and it is from these that patients die when the tumour is malign—not, as a rule, from secondary growths.

SYMPTOMS.

The usual first symptom, although not necessarily so, is a causeless, symptomless bleeding. It may be of bright red blood or it may be dark and intimately mixed with the urine. The patient observes it simply because the urine is coloured. There is no pain or other symptom. Sometimes, on the other hand, pain or frequency of micturition may be first noticed. The bleeding is intermittent, the urine between times being clear. It varies in amount and the quantity is no criterion of the size or nature of the growth, but sometimes the patient states that the blood comes chiefly at the end of the micturitory act and this is of importance. At a later period, cystitis being present, pus may be in the urine and then pain and frequency are complained of. The hæmorrhage may have occurred a year or two before the patient becomes so alarmed as to consult his doctor. The blood may only be present for a day or two and no recurrence of bleeding may take place for months or even for a year. One patient had bleeding for the first time seven years before I saw him and then bleeding at intervals of a year or more. As regards the size of tumours and the quantity of blood, one patient, a female, aged 60 years, had such severe hæmorrhage on several occasions that she was believed to be dying simply from loss of blood, but the tumour was not larger than a filbert, while another patient, a young man, aged 23 years, had the bladder almost filled by multiple papillomatous growths, and yet the bleeding at no time was serious. In early cases where the tumour is small bi-manual examination may give no indication of a tumour, but when the tumour is of large size, and particularly if infiltrating the wall of the bladder, it may be felt by this method of examination. Examination of the urine may be negative, and in my experience, so far as tumour cells are concerned, it usually is negative, but if cells are seen, especially large nucleated cells in groups, the diagnosis of tumour is assisted, but these cells do not necessarily enable you to tell the nature of the growth. The sound is not reliable and negative evidence by it is valueless. The cystoscope is invaluable, and it enables the cystoscopist in many cases to give a prognosis as well as a diagnosis. If hæmorrhage be present at the time of the examination it may, but rarely does, prevent satisfactory examination. Another examination can always be made when the urine is clear or the bleeding less profuse. Strict asepsis is necessary and for the use of the cystoscope three factors are needed—a urethra of sufficient calibre, a clear medium, and a sufficient quantity of solution in the bladder—e.g., four ounces.

PROGNOSIS.

Prognosis depends upon (1) the character of the tumour; (2) its extent, site, and attachment; and (3) the presence or absence of sepsis. This leads me to speak of the nature of the attachment of the tumour. It may be (*a*) pedunculated, (*b*) sessile, or (*c*) infiltrating. The nature of the attachment is very important prognostically and yet unfortunately prognosis cannot always be reliable even if the attachment can be recognised. A tumour with a narrow pedicle may

[1] THE LANCET, Jan. 5th, 1901, p. 3.

have deep attachments and may invade the mucous membrane for some distance beyond the apparent attachment. In two cases after the removal of pedunculated tumours I have seen very rapid recurrence of the growth. The determination of the likelihood of satisfactory removal is important, as if the tumour cannot probably be excised the bladder should not be opened unless it be to give relief to pain and frequency of micturition or to arrest hæmorrhage. The arrest of hæmorrhage after suprapubic cystotomy in such cases is very remarkable and rapid even when the tumour is very extensive and has been bleeding freely, as the following case shows.

CASE 3.—The patient, whose age was 50 years, had severe and almost continuous bleeding. A large tumour was readily detected on bi-manual examination. Within 24 hours after a suprapubic cystotomy the urine was quite clear and no recurrence took place for weeks, the patient rapidly regaining strength.

TREATMENT.

Palliative measures in the form of drugs are only justifiable when diagnosis has been made and when radical treatment is impossible, but we may consider palliative operative treatment in cases where bleeding or pain and sepsis are undermining the patient's strength.

Operative treatment with a view to removal of the tumour.—The suprapubic route is that of choice wherever the tumour be situated. It gives free access and permits of operation by sight as well as by touch. I think the vertical incision as satisfactory as the transverse, and it has the advantage of weakening the abdominal wall less. If more room be needed the rectus muscle on one or both sides can be divided. Peterson's rectal bag is not required, but Trendelenburg's position is advantageous. The bladder is first distended with fluid, which I prefer to air. No doubt from its weight it causes the bladder in some cases to fall back, but Trendelenburg's posture minimises this, and with fluid distending the bladder when the finger is introduced examination of the wall is easier. Air so quickly escapes that the bladder collapses and examination is not so satisfactory. In exposing the anterior aspect of the bladder the operator should keep close to the symphysis pubis and should open below the reflexion of the peritoneum. It is well to steady the bladder with a double sharp hook, and on incising the wall to make a decided plunge in with a sharp-pointed knife. Whenever the opening is made the finger should be introduced to prevent the solution from escaping. Then the margins of the opening should be caught with Kocher's forceps.

Removal of the tumour with scissors.—The mucous membrane should be snipped around its attachment and then the attachment of the tumour to the bladder-wall should either be snipped through or twisted and torn away gradually. The bleeding, as a rule, is not great, and usually it quickly ceases with hot water injection. I have never had any difficulty with bleeding, but if there was difficulty I would catch the vessels with forceps and leave them *in situ* for 24 or 48 hours. My experience is that satisfactorily to remove the tumour when it is a sessile one is very difficult, but we have at least the satisfaction of knowing that even imperfect removal although not curative yet delays the growth very markedly and prolongs the patient's life. This was well illustrated in Case 1; the operation was performed in 1895 and the patient lived until the end of 1899. The recurrence of bleeding was first noticed one year after operation. If the tumour were favourably situated it would be wise to remove a portion of the whole thickness of the bladder wall.

I demur to any attempts to remove growths per urethram in the female or through small openings, suprapubic or perineal, in the male. Free access must be had and the operator must cut wide of the disease if he possibly can. In two cases I have operated suprapubically after recurrence, the first operation having been per urethram. Both of the suprapubic operations were successful—one eight years ago and the other three years ago—and both were cases of sessile papilloma.

After-treatment.—Primary union should not be aimed at. A tube may be put in and Cathcart's adaptation of the Sprengel pump may be applied. The bladder may thus be kept quite empty and the patient perfectly dry. At the end of 10 days the tube should be removed and the pump should be used only at night. Urine comes generally by the urethra in three weeks, but it may be necessary in the male to pass a bougie to hasten it. There is no objection to the patient sitting up in bed within a day or two after the operation—a matter of much importance in the cases of old persons. I have never had a permanent fistula result, and in only one case, that of a man accustomed to lift heavy weights, have I seen hernia follow the operation, and it was very slight. It came on in one year after the operation.

ENLARGED PROSTATE.

Enlargement of the prostate is so frequently the cause of bladder trouble, producing much discomfort and often great risk to life, that it bulks very largely in our minds as an important disease. To-night I propose to say nothing regarding the etiology or symptomatology but to discuss very shortly the methods of treatment chiefly in vogue at present for coping with the affection.

In the first place I think I may say that it is now generally recognised that to initiate a patient even temporarily into what is termed "catheter life" is a proceeding fraught with much danger and not uncommonly followed by loss of life. Secondly, I think it is also recognised that the chief risk is associated with the occurrence of sepsis, organisms being introduced at the time of catheterisation, and that such an accident may result notwithstanding every precaution which may be taken. Indeed, personally there is no class of surgical interference which causes me more anxiety than the passage of a catheter for the first time in a case of chronic incomplete retention, as the French term it, or what we know as an over-distended bladder due to enlargement of the prostate. An endeavour should always be made thoroughly to purify our hands and instruments and the meatus and anterior urethra of the patient and to have an area of asepsis around the parts just as in an operation elsewhere when the skin is unbroken. These precautionary measures are imperative, but other questions arise—viz., what catheter should be used? should the bladder be completely emptied? and should any mildly antiseptic solution be introduced after withdrawal of the urine? I would answer these queries thus. Use a red rubber catheter by preference, but if you fail with that use a silver catheter. I advise this primarily because both can be sterilised by boiling or heat. If the bladder be over-distended markedly—i.e., probably the contractile power lost—do not evacuate all the urine at once. If the bladder be not so markedly over-distended and contractile empty it completely but introduce a few ounces of warm boric lotion or boroglycerine in water. A gum elastic catheter is not good as it cannot be purified so certainly as either of the others. French rubber are better. For lubricant a convenient substance is eucalyptus and vaseline (1 in 6) in a collapsible tube. Later—that is, after catheterisation has been used for some time, perhaps by the patient—even if sepsis occur the risk is not so great, particularly if the bladder be contractile. One disadvantage of the continuous use of the red rubber catheter is that increased pain and other symptoms being present, a stone having formed, it may be missed. I therefore in such cases always sound the patient from time to time or use a silver catheter to draw off the urine. Not infrequently I have found the aggravated symptoms to be due to a stone.

A difficulty may arise after a time in the passage of the instrument and operative interference may be necessitated. Or it may be that a patient comes before us with such symptoms that something more than catheterisation is indicated. Many procedures have been advocated, but at present I think that only three hold the field—(1) castration and modified procedures based on the same theoretical grounds, vasectomy, and angio-neurectomy; (2) drainage, suprapubic or perineal; and (3) suprapubic prostatectomy.

I need not detain you with an account of the theory of castration, and I think it will be admitted by all from the large number of successful cases which have been brought before the profession from time to time that this operation is frequently most valuable. I do not trouble you with statistics further than to say that in the most recent paper with which I am acquainted[1] a list of 159 cases is given which does not include either White's or Cabot's series. There were 13 deaths, and of 130 in which the result is stated 90 per cent. were improved after operation. Regarding vasectomy Wood gives a series of 193 cases. In 118 cases (67 per cent.) improvement occurred after operation. Statistics are proverbially untrustworthy and I give these figures merely to show that benefit accrues in certain cases after either operation. The mortality is not high, and neither operation *per se* is of any great danger, and in that particular perhaps we have a reason for the quick and somewhat general acceptance of the procedure by the profession. In all probability the benefit derived at first and occasionally

[1] Wood, in Annals of Surgery, September, 1900

very quickly is from decongestion of the prostate, but the continued improvement and return of voluntary power of micturition may be associated with a decreased size of the prostate by atrophy.

Now, having admitted so much in favour of the operation, we may ask, Why does it sometimes fail, or why does complete recovery not ensue? I think that the explanation is due to the varying state of the prostate in different patients. Mr. Reginald Harrison classes the enlargement shortly under three heads which I may adopt: (1) enlargement mainly proceeding from blood engorgement (the prostate equal to a mass of erectile tissue); (2) the fibrotic prostate, consisting of a mass or masses of degenerated connective tissue and muscular fibre; and (3) an enlargement due to prostatic tissue resembling an adenoma. Where decongestion alone can diminish the size of the prostate sufficiently then castration should *a priori* be successful. This may apply to the first of the varieties which I have enumerated, but if either of the other two conditions be present then it is not reasonable to expect relief after castration except in so far as decongestion alone can bring it about. It is in this, then, that the great difficulty in treatment of prostatic enlargement obtains. How can the prostatic condition be judged? Rectal examination does not suffice; measurement of the length of the urethra is fallacious; indeed, I know of no plan short of cystotomy by which we can even approximately gauge the state of the prostate. The cystoscope is no doubt often valuable as an aid to diagnosis in prostatic cases, but we cannot even with this tell how much of the enlargement is due to actual increase of prostatic tissue and how much is due to vascular engorgement. We are therefore driven to this position: that in a case of prostatic enlargement requiring something more than catheterisation castration or vasectomy may give benefit but not necessarily, and if we fail to give relief by such means further treatment is required. In giving advice to a patient we are hampered by sentimental considerations which, however, have a distinct influence with the patient and his friends. No doubt this difficulty decreases in proportion to the patient's age, but I have known a patient well over 70 years of age run away from hospital when the suggestion was made that his testes should be removed. This difficulty does not militate against vasectomy so much, but in spite of Mr. Harrison's views on the subject I think we must admit that hitherto success has attended castration more frequently than it has attended vasectomy. Regarding the cases in which it may be unhesitatingly recommended I would say that it is in old men who have had relief by using a catheter for a time but in whom the difficulty of passing an instrument has become increasingly greater. In such cases congestion has probably increased and produced the greater obstruction. Castration, or it may be vasectomy, by causing decongestion may make catheterisation easier and if in addition atrophy of glandular tissue results we may have the need for catheterisation overcome. On the other hand, I am satisfied that in many cases such operations can scarcely be expected to be successful—namely, in those where the fibrotic prostate exists, or where a real tumour, though benign, of the prostate is met with. I show you three specimens removed from such cases, and very briefly I will detail the history of one of the patients.

CASE 4.—The patient, who was 58 years of age, had had for several years difficulty in, and frequency of, micturition. A double vasectomy was performed in November, 1897, but the symptoms increased rather than diminished. He could pass no urine at all naturally. The catheter was required both day and night. The left lobe of the prostate was small, but the right per rectum was very large. I performed a suprapubic cystotomy in November, 1898, and I found a very large right lobe. It was a fibro-adenoma which was easily enucleated. The patient made a good recovery and he does not now require the catheter.

No previous operation had been performed upon either of the other patients, but both had used a catheter for many months and in each hæmaturia was a prominent symptom. In both of these cases a suprapubic prostatectomy was carried out and both patients made excellent recoveries.

I do not dwell upon the advantage of this method in cases complicated by the presence of stone, but I wish to mention certain advantages which to my mind are of importance. 1. The operation immediately relieves the symptoms. 2. By resting the bladder the bleeding ceases and the patient gains much benefit from relief to pain and sleeplessness. 3. It admits of washing out the bladder very efficiently if that be needed. 4. The bladder being at rest it contracts and regains its contractile power and capability of expelling the urine.

The objections which have been urged against the method are: (1) danger to life; (2) imperfect drainage; and (3) that the prostate cannot be wholly removed. Regarding danger to life, such has not been my experience. I have only lost one case—the patient died 19 days after operation, death being due, as far as one could judge at the necropsy, to old-standing nephritis. It is necessary to judge whether when suprapubic cystotomy is performed it is right to proceed to remove the prostate at once or whether it should be done at a second operation when the patient is stronger. There is a disadvantage in delay, as the bladder contracts and operation is not so easy. Still, for the time the patient is relieved from dangerous symptoms and he regains strength.

With Cathcart's adaptation of the Sprengel pump drainage can be most satisfactorily attained. The bladder can be kept empty and the patient be kept dry. It is not necessary to remove the whole of the prostate. The chief cause of difficulty in micturition and in the passage of an instrument is as a rule either an enlarged middle lobe or a lateral lobe irregularly enlarged. Such masses can be removed.

The risk of permanent fistula after suprapubic cystotomy is because the natural canal has not been rendered patent. If the obstruction be removed fistula will not persist.

Lastly, in removal of a mass of the prostate it is in many cases easy, if you cut through the mucous membrane covering it, to enucleate a mass with the finger-nail or a periosteum-detacher. The pedunculated middle lobe may have a firm attachment at one point, and this can be safely cut through, as it is fibrous and does not bleed to any extent.

[The lecture was illustrated by numerous specimens, naked-eye and microscopical, and also by instruments.]

DIAGNOSIS AND TREATMENT OF TYPHOID FEVER.[1]

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I MUST in the first place express my appreciation of, and thanks for, the honour you have conferred upon me in requesting me to open the discussion this evening upon two important aspects of a very important subject. It is not necessary to mention the endemic prevalence of the disease in large communities, nor its special fatality amongst the adult population, nor its constant epidemic prevalence under certain conditions, in order to emphasise its importance. The advances which have recently been made in our means of diagnosis, in the bacteriology and surgical treatment of some of the complications and sequelæ, in the discovery of an unexpected association with other ailments, as cholelithiasis, and I might add in the attempts to break through an irrational and stereotyped method of treatment,—these facts constitute a sufficient reason for an interchange of opinions and experiences. Unfortunately, I must at the outset apologise for limiting my remarks to certain points in the diagnosis and treatment. The subject is so extensive and affects so many branches of our profession that the reason for limitation is self-evident, and, moreover, the prime object of this evening's meeting is to obtain a discussion participated in by all. I am obliged, therefore, to leave out of consideration that part of it which deals with the differential diagnosis of the various diseases which have been, or are likely to be, mistaken for enteric fever, as well as the specific treatment of many of the complications or sequelæ which are not peculiar to this disease. Taking, therefore, the diagnosis of cases of enteric fever we may divide them into two classes, according to whether it is certain or uncertain. A certain diagnosis may be arrived at either by (1) physical signs or (2) specific tests.

1. I take it that a recent acute illness commencing with lassitude, headache, chills, then epistaxis, enlargement of the spleen, a continuous pyrexia, rose spots appearing in successive crops for several days, and each lasting three or four days, with an absence of leucocytosis, and terminating

[1] A paper read before the Manchester Medical Society on March 6th, 1901.

by a remittent temperature gradually subsiding after, say, 17 or 18 days, and accompanied by sudden profuse intestinal hæmorrhage or undoubted symptoms of intestinal perforation, or further followed by a definite relapse, such a symptom-group may be with certainty diagnosed as due to enteric fever. I am aware that no symptom is pathognomonic, but such a combination is, I think, about as certain as anything in our uncertain life well can be.

2. As regards the specific tests the isolation of Eberth's bacillus either from the stools or from the rose spots is as yet impracticable, whilst tapping of the spleen is unjustifiable. On the other hand, the serum reaction, performed under definite rules of dilution and time, may be as convincing and certain as any imaginable symptom-group. It cannot be said that the degree of dilution and the rapidity of agglutination forming the time limit, and acting as a basis for such reports as incomplete or doubtful reaction, are matters of no moment to the physician. It has, I believe, been shown that occasionally with a dilution of 1 in 10, and a time limit of one hour, blood from individuals in whom no history or suspicion of enteric fever could be obtained will produce an agglutination sufficient to warrant the report that the reaction is present. In considering a series of about 200 of the most recent cases examined, in 12 instances a doubtful reaction was reported, in all of which the evidence for the possibility of enteric fever was of the most meagre description, and I am strongly of opinion that some of these cases may be examples of the danger I have just mentioned. But unfortunately this is not the only difficulty, for after the discovery of the reaction it was soon observed that the time of its appearance and the rapidity and completeness of agglutination vary enormously. It is therefore necessary to discuss the possible difficulties in its application.

The blood-serum may retain its peculiar power for so long a time that the attack of enteric fever having passed undiagnosed the reaction is obtained and first noticed during a subsequent ailment. In addition, since the injection of typhoid vaccine has been done on a large scale it is well to keep in mind that the reaction has been obtained as long as two years after its administration. In any case one must exclude the possible previous introduction of typhoid toxins into the blood unless the agglutination occurs very rapidly and with a high degree of dilution, though failing this the most certain test is, I think, to obtain an agglutination increasing in rapidity and completeness as the disease progresses. Thus I recently obtained three reports as follows: (1) incomplete reaction on the tenth day; (2) somewhat incomplete on the seventeenth day; and (3) Widal reaction on the twenty-ninth day. The exact terms are, of course, the result of a standard set up by the manipulator, but the course undoubtedly shows a gradual change in the power of the serum, which is only consistent with the view of a progressive introduction of typhoid toxins into the system, and under such circumstances, where the disease is under observation and the change well marked, warrants with certainty the diagnosis of typhoid fever.

I have already mentioned that the time of the appearance in the serum of the power of agglutinating recent cultures of Eberth's bacillus varies greatly, but it was early discovered that the later in the attack the blood is examined the fewer are the percentage of failures, so that if it be taken at the end or during early convalescence this percentage is reduced to a minimum. I might here refer to the results of the blood examinations made during the last 12 months. Out of 214 cases a positive reaction in 149 instances was obtained at periods varying from the fourth day to the fifth or sixth week, and in this series the clinical evidence was in agreement, whilst in other 11 cases the illness was quite over. In nine instances the clinical evidence was indefinite and the serum reaction doubtful. In 22 instances the clinical evidence negatived typhoid fever and there was an absence of the Widal reaction. Of 18 cases in which the clinical course or a post-mortem examination allowed one definitely to diagnose typhoid fever, in 10 an incomplete reaction was obtained at periods varying from the eighth day to the end of the third week. In another of these cases the reaction was incomplete on the fourth day of illness, two others gave a negative reaction on the sixth and tenth days, whilst other two were incomplete and doubtful after nine and 12 days. The last case died a few days later from intestinal perforation and at the post-mortem examination there were several typhoid ulcerations in the ileum. Completing the 18 cases, there was one instance in which an incomplete reaction was obtained after 10 days and a positive after 16 days, whilst there were two cases where the reaction was negative at the end of two weeks and positive at the end of a month, but in each instance the patient was through the primary attack at the time the positive reaction was obtained.

To complete the 214 examinations, on two occasions a positive reaction was shown which referred probably to a previous illness, since one of these was proved later to have been a case of typhus fever, and in the other there was no acute fever at the time, but seven weeks before the patient had suffered from "influenza." There were also three instances in which the blood gave an incomplete reaction, but the clinical examination was against the view of an attack of typhoid fever.

Summarising the results one finds that of the 214 cases in 209 instances the clinical evidence and the blood reaction were either in agreement or not at variance. It must, however, be noted that in the 149 cases first mentioned where the reaction was positive there were a large number in which the clinical symptoms or history would not have allowed a definite conclusion, and it would be difficult to over-estimate the value of the serum reaction in recognising the existence of a previous or recent attack of enteric fever, as well as its co-existence along with symptoms of another ailment. On the other hand, one has to admit that an incomplete reaction is not unfrequently most confusing and should, I think, be appreciated at something like the value of Ehrlich's diazo-reaction—that is to say, belief or discredit must be attached to it according to the clinical manifestations. Then, again, it is found that in a fair percentage of the cases the serum reaction may remain indefinite or even negative for the first 10 days or fortnight, and that occasionally the positive result may not be obtained until towards the end or possibly after the completion of the primary attack, so that, as in the case I have cited, it is quite possible for death to take place from enteric fever without having obtained a definite Widal reaction, though the blood has been examined only a short time before. Still, if the blood be examined periodically throughout the course of the disease one has to admit that the greater danger is not that the reaction will not be obtained in a case of enteric fever, but rather that evidences of its presence will be obtained in people suffering from other ailments. In most cases this is evidently the least important or least serious of the difficulties. I think one may therefore summarise the position of the Widal reaction somewhat as follows: a negative result, say, at the end of the first week of illness indicates at most a probability against the diagnosis of enteric fever, whilst each succeeding negative result increases this probability, so that by the end of the attack a negative result almost amounts to a certainty against the diagnosis. In fact, in all cases in which, as convalescence from the illness is approaching, or in which, after there has been a continuous fever of about three weeks' duration, the serum reaction is still found negative, I should say that the diagnosis of enteric fever must be abandoned unless the physical signs form such a symptom-group as I have already referred to. I would even go further and include the occurrence of an incomplete and doubtful reaction obtained by the serum from a case at the beginning of convalescence, especially if the same result had been noted during the acute stage of the illness.

Except in very unusual circumstances the diagnosis of enteric fever must always be uncertain during the first week of illness. However strong the probability may be until the presence of a well-marked Widal reaction, when the serum is tested for the first time, or the development of such signs as rose spots, intestinal hæmorrhage, &c., it is evident that without such indications the essential element for making a certain diagnosis must be considered as wanting. Of course, strong probabilities may be obtained where it is known that the individual has been exposed to infection or where other undoubted cases have arisen in the same family. I trust that I shall not be convicted of platitudinism when I lay stress on the necessity of suspecting enteric fever in any acute illness of a week or more in duration which is characterised by indefiniteness of symptoms to physical examination, and especially if the onset is gradual and is accompanied by headache, weariness, languor, feelings of chilliness, and enlargement of the spleen. In this connexion I should like to lay special importance upon the enlargement of the spleen, as in the few cases in which I have been consulted at the beginning of the attack it has seemed to me that the chief increase in bulk has

already taken place before the illness is far advanced. Then, again, with the presence during the early period of Ehrlich's diazo-reaction in the urine, one may in conjunction with symptoms excluding measles, acute tuberculosis, &c., infer the probability of enteric fever, though I think the fact that this reaction can be obtained in other diseases will always militate against any reliance being placed on the test, no matter how regular may be its appearance, in the earlier stages of enteric fever.

The indefiniteness of the symptoms which characterise the early stage of the disease and which is responsible for the frequent diagnosis of influenza and bronchitis may, on the other hand, be continued even throughout the attack. A person complains of lassitude, disinclination for work, and loss of appetite. The thermometer reveals the presence of a pyrexia which may be slight and either remittent or continuous. There may or may not be abdominal symptoms and signs of bronchitis. Such a condition may last for a variable number of days, and even weeks, and be unaccompanied by more definite indications. Attacks of this description may, and do undoubtedly, occur in adults, constituting such types as mild, abortive, or ambulatory. They are, however, relatively more common in children. In them also not only are the rose spots absent in a larger proportion of the cases, but even when they occur they are often smaller and more readily overlooked; and again shorter attacks with the temperature of a remittent type are more frequent, or cerebral symptoms, such as irritability, possibly with retraction of the head, somnolence, constant moaning, and even temporary strabismus, may overshadow everything else, the abdominal or respiratory symptoms being so slight that the thought of enteric fever is never entertained. In all such cases, and speaking generally in all doubtful cases, it must be admitted that the value of the serum test, with the reservations which I have already mentioned, cannot be too highly rated. Again, there is the exceedingly interesting apyrexial form of enteric fever, but here I think that unless rose spots were present in crops over a number of days, or unless the Widal reaction were found to increase in power as the disease advanced, an unquestionably positive diagnosis would not be justifiable without post-mortem evidence. Then there is the condition of typhoid septicæmia, when the exact cause can only be determined by bacteriological investigation.

Difficulties in diagnosis may arise, however, not from the indefiniteness of the symptoms, but from their special localisation when the brunt of the infection has an unusual disposition. Thus the symptoms may be clearly and solely those of meningitis, pneumonia, nephritis, cystitis, or cholecystitis until the further progress of the disease brings with it more characteristic signs, or the development of the Widal reaction or a bacteriological examination discloses the exact cause. Occasionally under these circumstances a suspicion of enteric fever may arise where a connexion with previous cases can be traced, but in the absence of such indications the true nature may never be suspected until the bacteriological investigation reveals the etiological factor, for even post mortem the distinctive signs of enteric fever may be absent.

Concluding, then, the question of the diagnosis of enteric fever I would say that clinically, despite the occasional record of rose spots in other diseases, such as the case of acute tuberculosis recorded by Fagge in his "System of Medicine," the only sign upon which absolute reliance can be placed is the appearance of rose spots on several consecutive days either during a primary attack of a continuous fever at least 17 or 18 days in duration, or during a relapse, though I think that an otherwise similar attack accompanied by temporary enlargement of the spleen or intestinal hæmorrhage, &c., would require very clear bacteriological evidence to prove its non-typhoid nature.

Treatment.—Turning now to the treatment of enteric fever I do not propose to question the advisability of confining the patient to bed from the earliest possible moment and keeping him there throughout the attack and for the first 10 days of convalescence. Nor do I think a difference can arise as to the importance of the general hygiene of the sick-room or the necessity for good nursing. Again, I shall not attempt to discuss such very questionable treatment as the use of antiseptic and even vaunted specific drugs, and my own experience has unfortunately caused me to conclude that no benefit is to be expected from the typhoid antitoxin hitherto prepared. Further, we shall probably gain nothing by considering the various remedies which have been used in the treatment of the different symptoms. On the other hand, not only is diet admittedly a most important factor, but comparatively recently attempts have been made to modify or to alter long-established rules.

Even in the most recent text-books we are taught that irrespective of the condition of the patient and his apparent fitness, and ignoring the type of his attack, we must not allow solid food, not only during the acute stage, but till his temperature has been normal for 10 days. Personally, I think it is impossible to have treated many cases without being struck with the hardships of such a rule in some and with its impracticability in others. In the first place we shall doubtless agree that so long as the tongue is dry or the patient from his mental or general condition has no inclination for, or ability to consume, anything beyond fluids, we cannot do better than keep to a rigid liquid dietary, and the advisability under these circumstances of regular administration, limited quantities, and free dilution, along with periodical inspection of the stools, is not in question. But apart from such cases I wish to maintain that each patient should be dieted according to his condition, so that it may happen that one will receive a limited supply of solid food of a specified character almost throughout the attack, whilst another may not be able to resume solid food until convalescence is far advanced. But as an attempt at construction is often more serviceable than detailed destructive criticism and since I firmly believe in maintaining a definite plan, it will, perhaps, suit our purpose better if I lay down a few rules. I should say, therefore, that (1) in every case the patient is to be put on fluids alone at first and (2) that known easily digestible food only should be allowed until at least three weeks after the termination of the attack. Personally I like very much the gradual change dictated by old-established usage, such as fish, chicken, mutton, and beef, in this rotation and allowing time to observe the effect, or want of effect, of each change. Practically, therefore, the change consists solely in altering the time at which a trial with solid food may be made from the tenth day of convalescence to any period during or after the attack when the patient's wishes and our own examination or experience convince us that the attempt may with benefit be made. A third rule which I would make is that until the end of three weeks of convalescence precautions should be taken to prevent the swallowing of large imperfectly-masticated pieces of meat, &c., and here it must be admitted that the absence of ravenous hunger, from the earlier satisfying of legitimate cravings, is itself one of the best safeguards against an inclination to bolt food. At the same time if the habit is firmly rooted I have combated it by having the meat previously minced or chopped.

The objections raised against any deviation from a fluid diet are as follows:—1. The physiological processes are so altered during the febrile state as to interfere with the proper digestion of other forms of food. In practice I think the patient's wishes can with advantage be consulted to a very large extent, and if one carefully watches the effect I think one has to admit that the presence of fever *per se* does not necessarily prevent the assimilation of various solid foods. 2. A second objection urged is that any other form of diet may irritate the ulcerated and catarrhal bowel. But here again one finds numerous foods, such as underdone or raw meat, white fish, boiled chicken, rice, &c., which are more readily digested and assimilated than the precipitated casein of cow's milk, and it is a matter of experience that in some cases with diarrhœa an improvement is best obtained by an alteration in the dietary. Of course, when speaking of any food given during the acute or early convalescent stages it is to be understood that special attention is paid to the cooking and to freedom from small bones or large pieces of skin, cartilage, tendon, &c. 3. But perhaps the most constant objection urged is the danger of producing perforation of the bowel owing to undigested particles increasing the catarrhal state or mechanically causing a rupture as they are forced along the intestine. This fear is, I think, always uppermost in the mind of the medical practitioner treating the case, and I can affirm that it is a *bête noire* to the initinted who are under treatment. I am aware that authentic instances are on record, and I well remember the case of a youth who shortly after a Christmas dinner showed symptoms of perforation. But it must be remembered that with one or two exceptions perforation has always been found to be the result of a progressive ulceration or necrosis, and the case which I have just mentioned was no exception to this rule, since at the laparotomy the bowels were free from solid particles, so far as could be seen, and the fæces exuding from the perforation were of the usual soft yellow character, whilst

there was nothing suggestive of mechanical injury. Moreover, it must be evident that such an occurrence cannot be brought in question under the rules which I have mentioned. A fourth objection to the too early administration of solid food is the possible production of a temporary fever or even of a definite relapse. I am so heretical as to doubt the existence of a febris carnis, and in this connexion I should say that as sudden and at present unexplained rises in the temperature are relatively common during early convalescence from enteric fever there is always the possibility of their relationship to food being *post* and not *propter*, and I have for some time ceased to make any alteration in the diet solely on account of the supervention of pyrexia, with the result, as I think, that the fever has immediately subsided or pursued its further course quite independently of the food given. Then as regards a relapse. This is generally admitted to be the result of a re-infection, so that it is not rational to assume a definite causal relationship where it occurs immediately after. A more likely suggestion is that since during or after an attack of enteric fever the bile may not unfrequently be crowded with the specific bacilli the administration of solid food by increasing the flow of bile may as a result increase the number of bacilli poured into the intestine and thus be instrumental in producing a relapse. Such a suggestion is, however, purely theoretical, lacking confirmation, and from our ignorance of the nature and causes of a relapse difficult to prove. I am, therefore, of opinion that the adduced objections are not a sufficient warrant for the rigid rules which have till recently fettered us. On the other hand, the increased mental satisfaction and improved bodily constitution which follow a more liberal and varied diet demand that some such alteration as I have suggested should be made. In hospitals, certainly, when dealing with a large number of patients, the change is even more essential, as it tends to do away with that deceit and the smuggling of possibly harmful foods which is only too commonly practised or attempted when the restrictions are rigidly enforced.

In conjunction with an altered dietary, a system of regular immersion in a cold, or rather a tepid, bath during the acute stage of illness is capable of greatly altering the aspect of a ward containing a number of enteric fever patients. At the present time antipyretic drugs for the reduction of temperature are advisedly discouraged, and usually one resorts to some form of hydrotherapy. Cold or tepid sponging or douching and cold or ice packs can be used under all circumstances; the essential factor, however, is that they must be regularly and thoroughly administered. But whenever possible a tepid bath of from 75° to 85° F. is to be preferred. It must be distinctly understood that beyond acting as an excellent hypnotic and stimulant in delirious or wakeful cases no immediate benefit is to be looked for, whilst to be of any real value they must be given regularly as the pyrexia again reaches a certain maximum. A short experience of their use will convince one (1) that they are potent factors in reducing temperature with the diminution of its attendant evils; (2) that the intellect keeps clearer during the disease and stupor is lessened; (3) that they exert a general tonic action on the system—the skin keeps softer and more healthy, the circulation is improved, bronchitis, hypostatic pneumonia, and broncho-pneumonia are less prominent features, whilst headache and insomnia are much relieved, the patient frequently sleeping between successive baths; (4) it will be seen that they retard emaciation and maintain the muscular strength and nutrition; and (5) that they diminish the percentage of patients who die from cardiac failure and asthenia. It has further been shown that by their use the toxicity of the urine is greatly increased. To obtain the best results it is necessary that the baths should be commenced early in the attack.

The next point which I wish to discuss is the question of surgical interference. I shall not refer to such operations as tracheotomy for obstructive laryngitis, drainage of an empyema, &c., but limit myself to the consideration of the abdominal complications. Until comparatively recently it seems to have been fairly generally held that the presence of a severe ulceration of the bowel negatived a laparotomy or operation upon the intestines during the ulcerative stage. Enteric fever has, however, benefited from our advances in surgical procedure, so that one may now say that the existence of ulceration *per se* adds very little risk, and that the chief factor to be considered is the general condition of the patient. Such complications as perforation of the intestine, of the appendix, or of the gall-bladder may and do occur in patients who at the time are not in a fit condition to stand an operation. On the other hand, in a large percentage of the cases at the time of the onset of the symptoms the patient's state is sufficiently satisfactory, but from inability to diagnose these complications until the supervention of more pronounced indications they quickly become hopeless. On this account, though experience on the part of the surgeon is very important, the most essential requirement is an improvement in our means of diagnosis. With this end in view Professor Osler, in an article in THE LANCET on Feb. 9th of this year (p. 386), summarises the various points which should be noted and carefully looked for during an attack of enteric fever, and one cannot help feeling that an accurate record on the lines suggested will furnish most valuable evidence for future guidance and will be the means of materially altering the prognosis of these complications. If one waits for vomiting, or loss of liver dulness, or alteration of the pulse, or any other symptom-group diagnostic of perforation, in a large number of instances the time for operating will have gone by, but by keeping a detailed record of the condition of the abdomen during the attack and carefully noting the onset of the slightest abdominal pain, its character, situation, or persistence, the accompaniment of a rise or fall in the temperature, and the alteration in the distension, rigidity, or mobility on respiration of the abdominal walls, I think one need not despair of yet obtaining very much greater success than has been our lot in the past.

Manchester.

THE TREATMENT OF BRONCHIECTASIS AND OF CHRONIC BRONCHIAL AFFECTIONS BY POSTURE AND BY RESPIRATORY EXERCISES.

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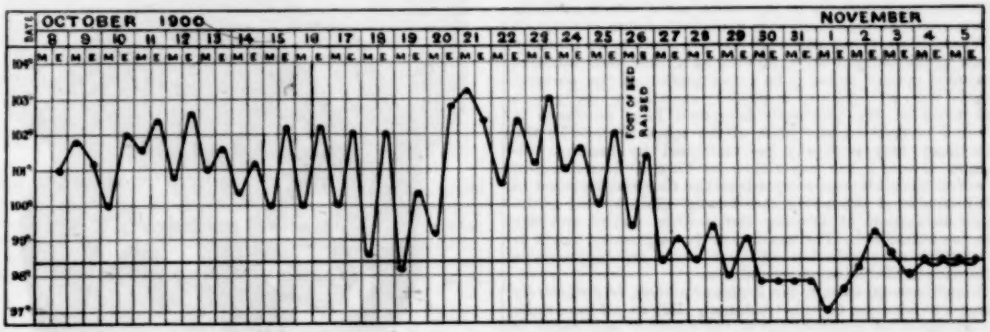
THE principle of treatment to be described has a wide range of application in obstructive affections of the respiratory tract. The symptoms produced by a pedunculated growth in the larynx or by a long uvula may be mitigated by position, though the patient is seldom aware of the relief to be obtained from posture alone. In severe chronic catarrh with tenacious expectoration or in the later stages of pulmonary excavation nothing will restrain the patient from flying up into the sitting posture and bending to the struggle as the first of an endless series of coughs ushers in the paroxysm. In phthisis this commonly ends with vomiting as the only adequate mechanism for complete expectoration. Much of all this is avoidable by suitable posture. It is, however, in bronchiectasis that the postural method has its chief application and that its most striking results are witnessed. The following cases, which were exhibited before the Medical Graduates' College and Polyclinic on June 4th, 1901, will speak for themselves.

CASE 1.—The patient, a well-developed and fairly strong girl, 20 years of age, had been subject for many years since an acute pulmonary attack to cough and expectoration which had been worse during the winters, and presented the general characteristics of bronchiectasis. She had never been under any treatment even as an out-patient until she was admitted under my care into St. George's Hospital 18 months ago, having got much worse though she was not bedridden. The complexion was, and had been, habitually slightly dusky, the subcutaneous tissues were full, the veins, particularly in the hands, were lax, the finger ends were considerably clubbed, thickened, and dusky, and the nails were much incurved. Dyspnœa on exertion had been a marked symptom. The secretion had been of the typical bronchiectatic character, at times fetid for long periods, its expectoration becoming then more and more difficult and occurring with a gush. Considerable improvement resulted from general treatment in the ward and from the relative luxury of rest and hospital treatment. The catarrh and expectoration diminished and she was ultimately provided with an automatic respiratory jacket which she wore with comfort, and at first, she thought, with advantage. This

did not, however, prevent a return of the symptoms in an aggravated form under the influence of winter weather. On her second admission, on Oct. 8th, 1900, she was suffering from high fever, severe cough, and expectoration. Orthopnœa and the spasms of coughing remained unrelieved in spite of ordinary treatment. The night-sweats and progressive debility caused anxiety lest the septic absorption which was apparently in progress might ultimately prove fatal. While witnessing one of the painful orthopnœic paroxysms of cough it occurred to me that common-sense principles had not been carried out in my treatment. I prevailed upon the patient to lie down, and I raised the foot of the bed to the level of my shoulder. The spasmodic character of the cough ceased at once, the expectoration began to flow easily, and after a few minutes the patient declared herself much relieved. The foot of the bed was now permanently raised by blocks to the height of 14 inches, and the patient has since persevered with this practice. The temperature chart shows that from that date the temperature never rose again.

The sequel of the case is of interest. The patient was re-admitted on March 26th, 1901, for a return of the catarrh and of the fœtor. From the beginning of the postural treatment the typical expectoration in gushes had ceased, but from time to time the catarrh had become worse and the expectoration occasionally fetid, showing that posture alone will not obviate this result which I suspect may be connected with infection from the mouth. The patient had gained in weight and in strength and the clubbing of the finger ends was perceptibly less than prior to the adoption of the postural treatment. On April 13th several



Temperature chart of Case 1.

carious stumps were extracted. During her stay in the hospital six intravenous injections of protargol were given without any striking result. Ichthyol was administered with advantage and a further instalment of treatment by respiratory exercises was inaugurated. The patient left the hospital much improved and, although still rather short of breath and still expectorating, she is progressing steadily.

The second case is in many points analogous to the other. The patient had never been systematically treated, though the physical signs were clearly those of bronchiectasis.

CASE 2.—A woman, aged 30 years, was admitted in the seventh month of her pregnancy suffering from severe catarrh and expectoration with orthopnœa which had lasted for six weeks. There was a history of pneumonia and bronchitis at the age of 12 years after getting wet. Since then she had always had a cough with expectoration, but she had been worse during the seven months previous to her admission and had been bedridden for six weeks. The paroxysms of cough were exceedingly trying and the expectoration was foul and abundant and difficult to raise. The patient was also permanently orthopnœic, particularly during the fits of coughing. In spite of the complication of pregnancy, which, however, was an inducement to resort to some effective treatment, I determined to adopt the posture method. The patient was made to lie back and the foot of the bed was raised about 12 inches. This gave the first instalment of relief from harassing cough which had been obtained for six weeks. The altered posture was borne without any detriment to the abdominal condition, but after a while there were slight discomfort and dragging from the pelvis. The patient's bed was then raised only for periods of an hour twice or three times a day. Under the administration of ichthyol the progress of the case was most satisfactory, and she was removed to Queen Charlotte's Lying-in Hospital for delivery. The patient was subsequently readmitted to complete the cure and she gained considerably in weight and strength under the combined influence of postural treatment and ichthyol.

The method illustrated by these instances needs no further elucidation. The immediate result in both cases was a great sense of relief, a diminution in the frequency and severity of the cough, a lessening of the sputum, a complete cessation of the gush of expectoration, and presumably the liberation of the affected pulmonary areas from entangling slime and from any further plugging with muco-pus.

The continuous postural method as originally applied in these cases is, I believe, preferable to the intermittent use of posture recommended by Quincke, to whom, as I have lately discovered, belongs priority in the systematic use of this form of treatment. His method, which is to place the patient in the inclined prone position with the head lower than the feet for a period of half an hour or more night and morning, was described by him[1] in 1898, and was further described by O. Jacobson[2] in 1900. It should not, however, be forgotten that the same principle had long been utilised by some chest physicians, in a modified and perhaps less systematic form, for the relief of the basic cavities apt to occur in phthisis. Patients were sometimes directed to lean over the edge of the bed in order to empty their vomicæ more effectually. This rough-and-ready device is not free from obvious disadvantages and risks and should in all cases find its substitute in that which has been described. Quincke attributes the benefit secured (1) to the mechanical advantage of gravitation, and (2) to the stimulus to cough set up by the progress of the secretion as it reaches healthier and more excitable mucous surfaces, while other advantages are (3) that portions of the lung previously kept airless are enabled to expand, and (4) that the slanting posture by carrying the weight of the abdominal organs upwards against the diaphragm facilitates expectoration. A further advantage is that the time of day for emptying the chest can be selected. The various evils of accumulation are obviated or remedied. Local putrid fermentations, ulcerations, and infiltrations, collateral septic broncho-pneumonic infections, and general septic contaminations are all guarded against. Cylindrical bronchiectases are more quickly relieved than the saccular. It is obvious that pulmonary abscesses and empyemata possessing only narrow fistulous communications with the bronchial system are susceptible only of partial benefit. Nevertheless, in a case sent to me for treatment by Mr. Heaton C. Howard of Clapham-road, which proved to be one of pulmonary abscess with secondary empyema and pleuro-pulmonary fistula, great relief was given to the intensely paroxysmal cough, but the case ultimately needed for its cure surgical treatment by incision and drainage.

[1] Zeitschrift für Krankenpflege, August, 1898, p. 525.
[2] Berliner Klinische Wochenschrift, Oct. 8th, 1900.

In bronchiectasis the prophylactic capabilities which must belong to this method are evidenced by the immediate results of treatment in the cases reported. The late and destructive results of the affection are entirely due to persistent accumulation and imperfect removal of stale secretion. Had my young patient in Case 1 been seen and treated on this plan several years ago bronchiectasis would never have reached in her the gravity which it now presents. Probably it might have been cured. This result might, indeed, be expected in all growing patients if only timely help could be afforded to the efforts of *natura medicatrix*. This points to the urgent need for some more distinctive diagnostic signs to identify the disease at an early stage and these will doubtless be found if sufficient attention be given to the matter.

A cure is perhaps not to be hoped for where fibrous replacement of lung tissue has taken place on a large scale. It is to be feared that in both of the cases mentioned this had already partly taken place and that the persistence of the expectoration and of the catarrh and the recurrence of fœtor are to be accounted for in this way. The obvious indication is sanitation of the cavities which are deprived by the stiffness of their walls of the power of spontaneous evacuation. This is one of the aims of the creosote inhalation method which, however, must be regarded as a somewhat trying and awkward means of effecting the mechanical purpose in view. By enforcing the postural method we have done a great part of our duty towards protecting the patient against any progressive accumulation and its results and we may then without any misgiving take time to select, if necessary, curative measures of greater responsibility whether by the knife, by irritating inhalations, or by injections, all of which methods I have tried in other cases with doubtful benefit.

Where there is no advanced fibrosis, that is in all early cases, particularly before middle age, the best curative treatment appears to me to be a combination of the postural method with well-planned respiratory exercises whereby more and more of the previously hampered lung substance is restored to activity, and most of the space usurped by the dilatations may gradually be reclaimed by healthy pulmonary tissue. The experience in Case 1 demonstrates, however, that the respiratory advantage thus sought is not in itself capable of producing the desired effect so long as the major indication of keeping the cavities empty and dry remains unfulfilled. The wearing of the respiratory jacket as a stimulus to respiration did not make any appreciable difference in the pulmonary condition.

Bronchiectasis, though far from uncommon, is a relatively infrequent occasion for this treatment. But we all have daily opportunities of contributing to the comfort and relief of patients suffering from general catarrhal affections with tenacious mucus. Though it is difficult to induce them to lie down after they have been accustomed for days or weeks to struggle with their cough in the sitting posture, if only we can get the shoulders down and the pelvis raised the struggle is at an end and a case of long-standing may in a few hours be on the high road to recovery.

Curzon-street, W.

AN UNDESCRIBED INNOCENT (?) GROWTH OF THE GALL-BLADDER.

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IN all books which treat of pathological changes in the gall-bladder the main interest centres in those produced by the presence of gall-stones, and secondarily, in carcinomatous degenerations. Very few innocent growths have been described. Mr. Mayo Robson says that innocent growth, except of inflammatory origin, is extremely rare; whether the condition figured below comes under that description appears to be doubtful. Papillomatous growths have been described, and in the Hunterian Museum is a specimen (No. 2812) showing villi and papillæ on the mucous surface, but these were associated with, and were apparently due to, the irritation of biliary calculi. In Guy's Hospital Museum papillomata are seen (No. 1404) sessile in some parts, whilst becoming pedunculated in others. It will be seen from the illustration that the condition figured is different in many ways from any previous innocent growth described—at least to that of any which I have been able to find after a fairly comprehensive search.

The case from which these figures were taken is that of a woman, aged 42 years, who was sent to the Ancoats Hospital by Dr. J. E. Harburn of Buxton. She was a healthy, florid-looking woman, fairly stout and in good condition. She had had no children and no miscarriages. Her periods were, and had always been, regular and never excessive. Previously to the last two years she used to have almost weekly bilious attacks which were never very severe, were attended by transient jaundice, and had since that time entirely disappeared. The last attack of jaundice was eight years ago. 18 months since she began to be conscious of a dull sickly pain, associated with a feeling of weight, not in the epigastrium or right hypochondrium, but in the left lower quadrant of the abdomen and over the sacrum. The pelvis was free. Below the liver, moving with it and with respiration, was a large rounded tumour, the dulness of which on percussion being continuous with that of the hepatic region. There had been no urinary symptoms. There was no pain or discomfort in the right shoulder and there was no tenderness on manipulation. The bowels acted regularly and the stools were normal in colour.

On opening the abdomen parallel and internal to the right linea semilunaris the gall-bladder presented. It formed a tumour of the size of a child's head, evidently multilocularly cystic, the contents of the cysts showing a bluish colour

FIG. 1.

Growth of gall-bladder: cut surface of base. Rather more than half size.

through the thin walls. There were no adhesions. The tumour was packed around with sponges and the cyst nearest to the surface was tapped. Mucus tinged with bile escaped through the cannula but the swelling was not perceptibly decreased. A second and deeper cyst was tapped through the same orifice with the same result and it became evident that the main bulk was composed of comparatively small cysts having no intercommunication. The opening in the abdominal wall was then enlarged and the entire mass was turned out of the cavity. It sprang from the under surface of the liver, having for a pedicle apparently the cystic duct which was greatly enlarged by the growth of the tumour downwards into it. As this was too large to admit of the passage of a single constricting ligature, and as it appeared probable that any attempt at transfixion with ligature in segments might result in leakage of its contents into the general peritoneal cavity, its walls were carefully sutured all round to the parietal peritoneum and that portion of the mass above this line was cut away. A few vessels in the walls of the gall-bladder required ligature, but the bleeding was comparatively trifling. The wound was then closed around it as far as possible. The remaining base of the tumour was dressed with iodoform gauze and the rest of the skin wound was sealed with celloidin.

Fig. 1 shows the growth from the cut surface. Examination of the tumour showed that it was the gall-bladder itself, the cavity of which was divided up by dissepiments into many separate spaces. These, as shown in the illustration, have been opened in order that the cavities might be filled with cotton-wool, so that in setting it might retain its original shape, but originally all the cavities were distinct and had no connexion with one another. They contained mucoid fluid stained with bile. No calculi were present and there were no hydatids.

The after-course of the case threw some little light upon the mode of origin. The stump left in the abdominal

FIG. 2.

Section at A showing epithelial lining of cavities. +50

wall, composed of some part of the tumour, and the walls of the cystic duct gradually contracted. The actual cautery was applied twice to the centre, and as the contraction went on bile escaped from the lower inner quadrant of the circle, showing that the tumour was not equally connected all round at its innermost extremity. It would appear that it must

FIG. 3.

Section of wall showing epithelium. +50

have started from the upper wall of the bladder or duct, and whilst in the process of growth it had blended with the lower wall and fundus of the gall-bladder; union had not been so complete in the duct itself. Microscopical sections of the septa and walls showed dilated glandular tubes of all degrees. Even the largest cyst-walls were lined by cylindrical epithelium. There had apparently been hypertrophy of the mucous lining of the wall, with immense development and distension of the glandular layer, but what caused such hypertrophy was not so clear. Was this an extreme stage of a papillomatous degeneration or was it a new formation? That it was not a malignant growth seems evident by the regular arrangement of the component tissues and the absence of any confusion between the lining epithelium and the walls upon which they rest. No sarcomatous cells could be seen. Moreover, with the exception of the growth and some slight temporary attacks of jaundice the patient was in perfect health. She had not lost flesh and was of a clear, healthy complexion at the time of operation, nor has she lost ground since. Bile, which is perfectly healthy, still escapes at times from the site of operation and probably a cholecystenterostomy will be required, but otherwise she is perfectly well.

Fig. 3 shows a transverse microscopical section of the wall; Fig. 2 is a similar section taken from the junction of the septa at A. (See Fig. 1.)

Manchester.

A CASE OF MENINGITIS, PROBABLY INFLUENZAL IN ORIGIN.

BY ARTHUR F. PERIGAL, M.B., CH.B. EDIN.

WHILST holding the appointment of civil surgeon at Dover last summer a tall, well-built corporal, aged 24 years, was admitted under my care into the station hospital suffering from what seemed to be a severe attack of influenza which had begun suddenly on the previous night. There was no account of any serious illness or specific disease and his family history was good. On admission his temperature was 103·6° F. and he complained of pain in the back, the legs, and the head, and especially behind the eyes. There were no signs of pulmonary disease and the urine was normal. He was slightly delirious that night. On the following day his temperature was 102° and he had two attacks of epistaxis. At the end of a week he was improving in every way with the exception of headache, when his temperature went up to 102° and a sharp attack of diarrhœa occurred which continued on and off during the next week, his temperature keeping between 102° and 103°. Although no spots were to be seen and no signs of splenic enlargement or pulmonary disease, a specimen of his blood was sent for examination as typhoid fever was suggested, but Widal's reaction was negative. Early in the third week his temperature suddenly rose to 105° and he developed a hard, red, erysipelatous-like swelling on the right cheek which spread round the right eye and over the nose. This disappeared in three or four days, his temperature gradually dropping to 101°, but he still complained of considerable pain in his head, chiefly in the occipital region; he had no retraction of the neck. Slight diarrhœa continued, his temperature gradually going up to 103°. During the fourth week he had a rigor and his temperature, which had been normal for two days, rose to 103·4°; he became very restless and his headache was worse. The same evening he was semi-comatose; he occasionally threw his arms about and kept on rubbing his head with his hands, and when roused and questioned he looked fairly intelligent but answered gutturally. His eyes were turned upwards and to the left which led me to suspect either an irritative lesion of the right cerebrum or a paralytic lesion of the left cerebrum, but he had then no signs of paresis and was very restless. After sleeping for a few hours he awoke with right hemiplegia and aphasia. The right side of his face was paralysed, but deglutition was unaffected; he passed urine involuntarily. Two days later there was slight improvement; his temperature was 100° and his pulse was good. He spoke a little and moved his right leg occasionally, but his right arm was powerless. Towards night, however, he again became restless and at times comatose; his pupils were widely dilated and insensitive to light and his eyes were turned to the left. Neither muscular twitching nor retraction of the neck was present. When seen next day he was steadily sinking, both arms and both legs being paralysed. In the afternoon he had an attack of hæmatemesis and died two hours later.

As regards treatment, at first the patient responded to the ordinary remedies for influenza, but as time went on and meningitis was suspected his head was shaved and an ice-cap was applied. Phenacetin and caffein (five grains of each) relieved the headache. The other symptoms were treated as they arose and stimulants were given when necessary. Towards the end a catheter was used regularly to prevent over-distension of the bladder.

At the post-mortem examination the brain was found to weigh 54½ ounces; the vessels throughout were enormously congested, especially those on the cortex. The dura mater was thickened and adherent in places where there were patches of organised lymph of the size of a sixpenny-piece, chiefly involving the upper portions of both Rolandic areas and the falx cerebri. On removing the brain a large quantity of serous non-purulent fluid was present at the base, over the whole of which were scattered patches of organised lymph. One of these deposits involved the inter-peduncular space. Though careful search was made no tubercles could be found. On section the brain substance was soft and œdematous; the ventricles, especially the lateral ventricles, were greatly over-distended with serous fluid, similar in character to that at the base. There was no sign of hæmorrhage or thrombosis. The hydrocephalus was evidently due to the occlusion of the foramen of Majendie by organised lymph resulting from meningitis. The cerebellum was soft, but otherwise it was normal. The spinal cord and membranes were normal. The lungs, the kidneys, and the stomach were somewhat congested; all the other organs, including the intestines, were quite normal.

The interest of this case lies in the early symptoms and their sudden onset in a strong, healthy subject, also in the fact that there were other cases of influenza in hospital at the time. Was this a case of influenza terminating in meningitis, or were the early symptoms those of commencing brain affection? Again, supposing the swelling of the face was true erysipelas, would this, considering the possibility of influenza, have been likely to cause meningitis, which apparently is a rare complication of erysipelas?

New Barnet.

THREE UNUSUAL CASES OF CEREBRO-SPINAL FEVER.

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THE following three cases of cerebro-spinal meningitis, which have been met with recently in the course of a persistent outbreak, have some points of special interest. In the first case there is the joint affection which appeared before the cerebral symptoms; in the second case there are the symptoms of hemiplegia; and in the third case the intensity of the process was such that the cerebellum was infiltrated with blood.

In the past four years there have been 60 cases of cerebro-spinal fever in the Bhagalpur Central Prison, and a detailed account of certain new points in the etiology of the disease as evidenced in these outbreaks has lately appeared.[1]

CASE 1. *Cerebro-spinal fever with arthritic complications.*—A Hindu, aged 40 years, who had been about six weeks in prison, working as a repairer of roads, was admitted to hospital with a temperature of 102° F., complaining of pains in the joints. The tongue was coated and the eyes were congested. At first he appeared to be suffering from subacute joint rheumatism, as both knees, both ankles, and the right wrist were much swollen and painful. The temperature remained at about 102°. The patient gradually became unconscious, and lay on his side with his knees drawn up. Retention of urine and involuntary passage of stools followed. Kernig's sign could not be elicited on account of the swollen condition of the joints. He died on the sixth day. There was no previous history of rheumatism. At the necropsy, 10 hours after death, rigor mortis was well marked. The lungs were deeply congested, but there was no pneumonia. A few old pleural adhesions were found at both apices. The heart was healthy, as were also the other organs, except the brain, which weighed 49 ounces. On its upper surface there was a very large amount of greenish-yellow exudation in the sulci; this extended to both sides and also backward to the fissure of the cerebellum which was blocked with this greenish purulent exudation. The base of the brain in this case escaped. There was much turbid fluid in the lateral ventricles and in the spinal canal. The joints were much swollen and full of flaky, yellow, oily fluid.

CASE 2. *Cerebro-spinal fever with hemiplegia.*—The patient was a feeble old Mahomedan, aged 55 years; his height was 5 feet 1 inch, and he weighed only 97 pounds. There was no history or sign of syphilis. He was brought to hospital from the sleeping barrack in a state of paralysis and aphasia. Hemiplegia of the right side was found; the tongue protruded to the right side. Though the patient could not speak he appeared to understand questions. His temperature on admission was 102° F. and during the six days of his illness it fluctuated from 101° to 102°. The pulse was small and usually rapid, but it varied in a characteristic manner from 80 to 110. Puffing respirations came on during the last day. The motor aphasia was well marked from the first day, but whether the other centres concerned in voluntary speech were affected it was impossible to find out owing to the ignorance of the patient. Herpes appeared on the right side of the upper lip on the second day before death. There was also bladder paralysis. Babinski's phenomenon was also elicited. At the necropsy thick yellow, fibrinous exudation was found in abundance over the upper surfaces of both hemispheres of the brain. This was especially thick and almost gelatinous over the left side, including Broca's convolution; it also passed back as far as the fissure of the cerebellum. There was no hæmorrhage in any part of the brain. The cerebro-spinal fluid was very turbid and turbid fluid was also found in the lateral ventricles. The brain weighed 51 ounces—an unusual weight for so small a man. The only other feature of interest in the necropsy was a well-developed Meckel's diverticulum, four and a half inches long, projecting from the lower part of the ileum.

CASE 3. *Cerebro-spinal fever of fulminant hæmorrhagic type.*—A man, aged 45 years, had worked all day and took his food at 6 P.M. Shortly after taking food he vomited and quickly became unconscious. The breathing rapidly became stertorous; the pupils were dilated. When seen by me, an hour after the attack, Kernig's symptom was extremely well marked in both knees. The patient died in three and a half hours. At the necropsy, 10 hours after death, the dura mater was found to be intensely congested. The surface of the brain was congested to a degree that I have never before seen equalled. The sulci were filled with a fine cloudy lepto-meningitis. On cutting into the brain it could not be described as other than infiltrated with blood-clot. The fluid in the spinal canal looked like almost pure blood. The other organs presented nothing abnormal, except that both of the lungs were deeply congested. Several tubes of the cerebro-spinal fluid were taken and sent to the Research Laboratory, Bombay, for examination, and in the fluid there was found the diplococcus intracellularis of Weichelbaum. The heart weighed no less than 12 ounces free of all clots.

REMARKS.

I have had special opportunity of studying this disease in the 60 cases which have occurred here in the past four years. Of these 60 cases 43 were fatal, giving a mortality of 71 per cent., which is high even for this fatal disease. Of the 43 fatal cases 22 were of the fulminant type, causing death in one or two days. 17 cases were acute, the patients dying in from three to 14 days. Four cases were chronic, lasting from two to three weeks. Most cases occurred between the ages of 30 and 45 years. Pathologically the cases may roughly be divided into two classes: (1) the posterior basic, and (2) the vertical. In the posterior basic form the purulent exudation is chiefly confined to the base of the brain and medulla, and extends for varying distances down the cord. In the vertical cases the exudation is found filling up the sulci on the upper surface of the hemispheres, but in some cases it extends down the sides and back to involve the cerebellum.

Speaking generally, the characteristic signs of neck retraction and neck pain are found in the posterior basic cases and severe frontal headache in the vertical cases, but this rule is by no means absolute. In one recent case, a vertical one, I have found Babinski's phenomenon, which I understand to be extension instead of flexion of the toes on tickling the

[1] Journal of Hygiene, No. 2, April, 1901, p. 214.

soles of the foot. I had not searched for it in the other cases.

In Case 1 the arthritis is of interest. It is a symptom which has been known from the earliest records of the disease,[2] and has recently been written about by Dr. Councilman and Dr. Osler. As the latter writer says[3] it is "a very inconstant symptom." I have only found it three or four times in these 60 cases. In the epidemic at Boston it was found only six times in 111 cases. Case 2 is remarkable on account of the prominence of the hemiplegic symptoms. Various paralyses are not uncommon, but in the 111 cases of the outbreak at Boston there were only two cases of hemiplegia. Case 3 was of a type which I have not been able to find described elsewhere. The intense nature of the congestion and the hæmorrhagic infiltration of the brain were unique in my experience. To make sure that I was correct in regarding it as a case of cerebro-spinal fever I had the fluid examined in the Bombay Research Laboratory and the diplococcus intracellularis of Weichelbaum was found.

The rarity of this disease in England is remarkable. Except in Liverpool, Manchester, and Bristol I do not remember any cases being reported in England save on a training-ship. In Ireland, on the continent, and in America the disease is well known. In India the disease has been recognised for 20 years past. It is probable that it is the rarity of the disease in England which accounts for the imperfect descriptions of the affection in most modern English text-books. Even in an otherwise very admirable "Text-book of Medicine," published in April last, the description of the disease is utterly meagre and behind the times. The standard monograph on cerebro-spinal fever is the report to the Boston Board of Health by Dr. Councilman, Dr. Mallory, and Dr. Wright.

A CASE OF RENAL COLIC WITH UNUSUAL SYMPTOMS.

BY C. CORBEN, M.R.C.S. ENG., L.R.C.P. LOND.,
AND
J. CROPPER, M.A., M.B., B.C. CANTAB.

A MARRIED woman, aged 30 years, was first seen by Mr. Corben on March 14th, 1901, and was then complaining of pain in the right side extending downwards from the lower ribs, there being a good deal of tenderness over the whole right side of the abdomen. The pain, though great at times, was not typical of renal calculus. The patient was evidently very ill and of an unhealthy sallow colour and puffy in the face, suggesting nephritis, but there was no fever and the urine was normal. She was much constipated. A full examination was impossible owing to great tenderness, but in spite of the absence of fever the possibility of appendicitis could not be dismissed. She was given a mixture of sulphate of magnesia and tincture of opium and put on milk diet. The urine was found later to have a faint cloud of albumin and to contain squamous epithelium. When seen a few days later the patient seemed so much better that a tonic was ordered. In a few days, however, the symptoms were again so much aggravated that an urgent message was sent. After this date on two occasions a temperature of 102° F. was recorded. A thermometer was left with the person acting as nurse, but no other rise of temperature was reported to us. On account of the distance a daily visit was impossible.

About this date the pain was complained of as radiating upwards and backwards over the right scapula, and there was a good deal of catching of the breath, as in pleurisy. Neither the liver nor the kidney could be felt, but there was slight swelling over the lower ribs, as seen from behind. Constipation still persisted. On March 29th borocitrate of magnesia was given in drachm doses every morning. On the 30th there were a good deal of cough and hæmoptysis, the bottom of the chamber being covered with blood coughed up. The pain in the side was still very distressing. Next day the patient was seen in consultation. The hæmoptysis was much less but the breath was very foul. The diagnosis was very doubtful, and we had to consider tuberculous renal disease, subdiaphragmatic and hepatic abscess, renal calculus, &c., though most of these seemed to be excluded by at least some of the facts of the case. In order to clear the matter up specimens of the urine and sputum were forwarded to the Clinical Research Association, from whom the report on the urine was as follows: "Acid, specific gravity 1008, albumin a trace; a fair quantity of deposit, consisting of pus with many large squamous epithelial cells and a few red-blood discs. No casts or renal cells." The report on the sputum was very doubtful as to the presence of tubercle. On examination of the right side of the chest moist sounds were heard at the right base; the percussion note was slightly but definitely impaired, but without any signs of consolidation. The matter, however, was cleared up by the passage on April 2nd of several very sharp fragments of urate stone, about 10 in all, the original stone having been nearly a quarter of an inch in diameter. The patient seemed much relieved after this, until April 15th when nine more pieces of stone were passed similar to the first. Curiously enough, since this date the patient has frequently had quite typical attacks of renal colic. She has, however, improved in health, though from April 7th to 26th she noticed blood in her urine. A specimen sent on April 2nd showed distinctly the presence of blood, being more than smoky. There was also slight sediment of pus. On the 27th the urine was normal. She was given 10 grains of salol every morning. The pain on the 30th only occurred at times and the patient was able to be downstairs and to do some, if not all, of her usual work. On May 12th she was looking and feeling well. She occasionally has pain across "the small of the back" and at times a little pain on passing urine, but the specific gravity of her urine is 1018, it is acid, free from albumin, and without deposit on standing.

[2] North, 1811.
[3] Boston Medical and Surgical Journal Dec. 29th, 1898.

PUERPERAL ECLAMPSIA: FOUR CASES SUCCESSFULLY TREATED BY RECTAL INJECTIONS OF CHLORAL HYDRATE.

BY WILLIAM BOURNE HALLOWES, L.R.C.P., L.M., L.R.C.S. IREL.,
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I HAVE read with great interest the very instructive article by Dr. Robert Jardine on the above subject which appeared in THE LANCET of June 15th, p. 1682. Having had four cases of eclampsia in somewhat over 2000 labours, all of which terminated favourably under rectal injections of chloral hydrate, I venture to think that a brief account of the same may be of interest, and perhaps of help, to my brethren engaged in general practice. Of course, I am fully aware that there is nothing new or original in this line of treatment; I simply followed the advice given in Swaine's "Obstetric Aphorisms" which I hurriedly consulted on the appearance of my first case many years ago. But where we find opinions so widely divergent, and more especially amongst those to whom we look for guidance, as to the pathology and *fons et origo mali* of this terrible complication, it almost becomes the duty of those who have fortunately been successful in adopting a special line of treatment to place that success on record, although limited, as in my experience, to four cases. All four cases were primiparæ, two commenced ante-partum and two post-partum; one ante-partum and one post-partum were illegitimate. In all four cases the convulsions were severe and of fairly frequent occurrence. Blood-letting (20 ounces) was tried in one case (post-partum) after consultation, but without effect. On the continuance of the convulsions 60 grains of chloral hydrate in one ounce of water were injected per rectum; this was repeated three times during the next 12 hours, on the slightest reappearance of "twitching," recovery being afterwards uneventful. In the other post-partum case (illegitimate) the same treatment was adopted. The attacks were severe, but readily yielded to the influence of the chloral. It was, however, necessary to administer in all four injections, at intervals as occasion required, for 20 hours following delivery. Chloroform was administered in one case (illegitimate), ante-partum, pending the dilatation of the os. Unfortunately the supply ran short, and

during my brief absence to obtain some more and the assistance of a brother practitioner, the patient "had a most awful attack," to use the words of her mother, who on my return handed to me on a plate the two lower central incisors, which had been forced completely out of their sockets by the violence of a convulsive seizure. Chloroform was at once given by my colleague, digital dilatation of the os was employed with care, with podalic version, and delivery was completed as soon as possible. Convulsions recurred in about an hour, and immediately 60 grains of chloral were administered as before described. This induced complete cessation for more than an hour, then a slight return was manifested and the injection was repeated, which had a most beneficial and lasting effect, the patient passing into a sound sleep lasting for several hours. It was, however, necessary to repeat the chloral three times at intervals of from three to four hours. Subsequently convalescence was uninterrupted. In this case the patient was unconscious after delivery for quite 24 hours. In the other ante-partum case the patient suffered from severe bronchial catarrh, so that it was impossible to administer chloroform; but fortunately the labour was fairly well advanced, and two injections, at an interval of about one and a quarter hours, sufficed to stave off further attacks before delivering with the forceps. Subsequently three injections were required and immediately given on the first sign of recurrence, at intervals gradually lengthening to three, four, and five hours, after which recovery was normal and complete.

All my cases were at or about full term. In such ante-partum cases I would expedite delivery by all legitimate means without being unduly meddlesome. In ante-partum or post-partum cases I would say, Keep the patient from the exhaustive effects of the eclamptic seizures, prevent them from coming on, stand by, and act promptly. I have had no experience of this complication in the earlier months of pregnancy, but should such an emergency arise and remedial measures fail to arrest the onset of these deadly attacks I should feel it my duty to induce premature labour, taking good care to do so before the patient's strength had become exhausted.

Newark, Notts.

A CASE OF INTESTINAL ADHESIONS SIMULATING TUMOUR FORMATION,

AND CAUSING A RISK THAT THE SURGEON MIGHT TAP THE BOWEL UNWITTINGLY.

BY JOHN D. MALCOLM, M.B., F.R.C.S. EDIN.,

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ON Jan. 7th, 1901, Mr. S. Parsons Smith of Croydon asked me to see a patient, 45 years of age, from whose abdomen large quantities of clear fluid had been drawn off from time to time during a period of 18 months. The peritoneum was distended, the legs and lower parts of the body were extremely œdematous, and the patient was unable to assume the horizontal position without inducing dyspnœa. Vaginal examination showed that the pelvic contents were fixed. We drew off some pints of fluid by means of an aspirator, the puncture being made near the umbilicus. When the fluid was removed there remained a firm, hard mass which appeared to rise out of the pelvis, and which I believed was most probably a malignant growth.

I was asked to see the patient a second time on June 4th. In the interval she had been better; she had been almost free from œdema and had been able to walk about. She was again greatly distended by fluid in the peritoneum and in the tissues of the legs and lower part of the body. Although larger in the abdomen she seemed to me to be stronger than she had been when I saw her in January and the pulse was of better character. I recommended that an exploratory incision should be made to enable us to ascertain exactly the nature of the intra-peritoneal condition and to decide whether it was possible to help the patient by surgical means.

On June 6th Mr. G. E. Newby anæsthetised the patient and I made a short incision on the left of the umbilicus by which I let out four or five quarts of serous fluid and a great quantity of white flaky lymph. When the bulk of the fluid had escaped a smooth, reddish, rounded mass was seen filling the lower part of the abdominal cavity. On palpation this seemed to be a cyst and with the finger I felt that the front of the mass was continuous with the peritoneal lining of the anterior abdominal wall a little above the level of the pubes. The condition was very like that which is found when a broad ligament tumour raises the pelvic peritoneum high up into the abdomen. At first there seemed to be no doubt that the next step in our investigations should be the puncturing of the cyst-like mass with an aspirating needle. I noted, however, that there were no intestines visible above the supposed tumour and when the fluid was more fully removed the intestines were still not discovered. On percussing the tumour-like mass I found that it was resonant and there was then no doubt that it consisted of intestines matted together by adhesions. I washed out the cavity, removing as much of the loosely adherent lymph as I could, and closed the incision, leaving a drainage-tube in its lower end. After a fortnight the wound was healed except where a small drainage-tube passed through it. There was no elevation of temperature and the patient took food well and slept well. Mr. Smith informed me on June 30th that the "œdema had disappeared. The drainage-tube was acting well in allowing escape externally of the fluid. The patient continued to improve in general health and was able to walk from bed to sitting room."

I have described the mass of intestine as being in the lower part of the abdominal cavity. This position was, however, to some extent more apparent than real. The fluid had accumulated in the upper part of the peritoneal sac and had pressed the bowels downwards, but the enlargement of the cavity upwards made the tumour-like mass appear to be relatively lower. I noted before the operation was finished that the upper walls of the abdomen had come down towards the bowels to a considerable extent and since the operation the intestines have expanded and have assumed a fairly normal position.

I was aided in this operation by the fact that 15 years ago I was an onlooker when a somewhat similar condition was discovered. The mass of intestine was enveloped in adherent omentum and was even more prominent and rounded and like a tumour than in my case. I noted, however, in that case also that the intestines did not show themselves above the supposed new growth. A trocar was inserted into the mass and when I saw only a little yellow fluid escaping from the cannula I at once recognised that the intestine had been punctured. Again, a friend to whom I mentioned the case now recorded has told me that he had been present at an operation when a similar mass of intestine was cut into, its nature having been unrecognised until the bowel was opened.

If the possibility of the existence of the conditions described above is known and suspected a correct diagnosis is easily made. The absence of the intestines above the supposed growth and the resonance of the latter on percussion are conclusive. If, however, the nature of the condition is not recognised the surgeon is almost certain to make a mistake which may very probably prove fatal to the patient. I hope that the publication of these notes, by drawing attention to the difficulty, may possibly save some surgeon and patient from such a disaster.

Portman-street, W.

OBSERVATIONS UPON 40 CONSECUTIVE CASES OF INTUBATION OF THE LARYNX IN DIPHTHERIA.

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INTUBATION of the larynx is by no means a difficult operation, and that it is successful in diphtheritic stenosis the table given below sufficiently demonstrates. Since its introduction into the diphtheria wards of the Eastern Hospital I have given it a fairly extensive trial, and excluding those cases in which it was contra-indicated intubation was tried before having recourse to tracheotomy. Diphtheria antitoxin was also freely administered, and much of the success in these cases is due to its efficacy. I said at the outset that the operation was easy; indeed,

the anatomical knowledge possessed by a student, combined with a little manual dexterity that can be acquired by practising upon the cadaver, is all that is necessary, albeit there are difficulties in the living that cannot be learned otherwise than by experience. But in spite of the patient's temporary struggles, the obliteration of anatomical landmarks through inflammatory swelling, spasm of the glottis, and so on, it is surprising how easy the operation becomes with a little practice. The instruments used at the Eastern Hospital were supplied by Collin of Paris. Compared with the ordinary O'Dwyer's the tubes are lightly made, shorter, and the fusiform swelling of the body shades off above and below less abruptly. The obturator is jointed as usual, but the upper extremity has a horizontal slit, into which the end of the sliding catch of the introducer fits. This is in every way satisfactory, it locks safely and is not liable to get out of order.

The results of the 40 consecutive cases I have intubated are set out in the following table.

—	Number of cases.	Recovered.	Died.
Intubation alone	32	28	4
Intubation with subsequent tracheotomy	8	5	3
Total	40	33	7

The ages ranged from 13 months to seven years; the youngest recovery was 18 months. Of the eight tracheotomies after intubation four patients had membrane in the trachea. Two of these died from broncho-pneumonia; the other death was that of a child with an impermeable fibro-cartilaginous stenosis of the larynx following upon intubation who succumbed to a relapse of diphtheria some months later. Of the four cases of death after intubation alone three were hopeless diphtheria cases. Two of these patients died completely relieved of the obstruction, with the tube in the larynx. The other patient developed scarlet fever two days after admission, and although she had quite recovered from the laryngeal obstruction a brawny spreading cellulitis of the neck set in, with otorrhœa and broncho-pneumonia, and she died 22 days after admission. The following are the post-mortem notes of one of my cases in which the patient died with the tube in the larynx.

CASE 1.—The patient was a girl, aged 13 months, who was admitted to hospital on Feb. 22nd, 1901, at 3.40 P.M., and who died on the 23rd at 1.20 P.M. A post-mortem examination was made on the 24th. The tonsils, uvula, soft palate (anterior and posterior surfaces), and lateral walls of the pharynx were covered with greyish-black membrane; the tissues were somewhat swollen and injected. A No. 2 intubation tube was within the larynx and its lower opening reached to the upper border of the fourth tracheal ring, the tube was clear, the metal was bright, and there were no signs of injury to the supra- and intra-laryngeal tissues. Membrane had completely invested the epiglottis, the aryteno-epiglottidean folds, the interior of the larynx, the trachea, and the right and left bronchi and their ramifications as far as they were traced. The visceral pleura covering the lower lobe of the right lung was smeared with recent lymph. The lobe was dark and heavy; on section it was red, granular, friable, and pieces of it readily sank in water. The ramifications of the bronchus were lined with easily detachable tubes of membrane. The left lung was dark and spongy, and on section it showed similar tubes of membrane. Further examination was not allowed.

Of the 28 recoveries after intubation alone membrane coughed up through the tube was expectorated in five cases. I append the notes of two of these by way of illustration (*vide* Cases 2 and 3) referring to another later (*vide* Case 5).

CASE 2.—A girl, aged six and a half years, was admitted to hospital on March 8th, 1900, at 1.40 P.M., with faucial diphtheria and urgent croup. Intubation at once gave full relief. On the 9th, 16 hours after admission, the child became very restless, her lips were cyanosed, and she had some retraction of the chest. The patient had slept soundly throughout the night and was now distressed by a troublesome, unproductive cough. Water was given by the mouth, and the resulting cough cleared the laryngeal tube of a deal of thick mucus, after which the child settled down comfortably. On the 10th the tube, which had been in for 50 hours, was expressed, but it was re-inserted within a hour on account of retraction of the chest, cyanosis, and restlessness. The relief was complete and the coughing induced by the tube led to the expectoration of a small piece of membrane. An hour after this the child was again uncomfortable and the breathing was not so satisfactory; water was again given, when she coughed violently and brought up a tough strip of membrane marked with the tracheal rings. On the 13th the tube was expressed after it had been in the larynx for 70 hours. The after-expectoration was occasionally streaked with blood and the child was aphonic for seven days. But for subsequent paralysis she made an excellent recovery and was discharged on May 30th.

A further point is illustrated in the following case—namely, expression of the tube when necessary by the nurse.

CASE 3.—A boy, aged two and a half years, was admitted to hospital on Jan. 31st, 1901, at 3.30 P.M. in urgent distress. A hurried faucial examination revealed thick and firmly adherent membrane on the tonsils. The child rallied somewhat whilst I was preparing to perform tracheotomy, so I intubated the larynx and this gave complete relief. On Feb. 1st, 17 hours after admission, the child suddenly became uncomfortable, with signs of increasing obstruction. Before I could get to the ward "he struggled violently to get his breath" when the nurse instantly expressed the tube, and with it came a hollow cylindrical piece of membrane one and a quarter inches long and marked with the tracheal rings. I found the boy regaining his normal colour and coming round in every way satisfactorily. Within two hours, however, the signs of obstruction returned, necessitating re-intubation, and during the operation the examining finger detached a piece of membrane from the posterior surface of the epiglottis. I was sent for again in the evening of the same day 12 hours after re-intubation; the child had had a fit of coughing, excited by the sips of water ordered, and had brought up another almost complete cylinder of membrane two inches long and nearly half an inch wide. On Feb. 4th I expressed the tube; it had been in the larynx for 50 hours, and but for some complications of diphtheria no further anxiety was experienced. The boy was discharged on April 6th the picture of health.

For intubating the larynx I always adopt the dorsal decubitus position for the patient. Much valuable time is saved thereby should tracheotomy become necessary, for, indeed, intubation should never be attempted in diphtheria without all the requisites for a cutting operation being close at hand. I will not discuss the method of introducing the tube, but will at once proceed to recount some of the difficulties which I have experienced. Nearly all the patients require the introduction of a gag, and I have seen the breathing during this process become so severely embarrassed, and even cease so that instant tracheotomy was necessary (*vide* Case 4). Great care and gentleness must therefore be exercised in introducing this instrument, it should be inserted on the left side, away from the operator, it being noted that the tongue has fair play and that the mouth is not unduly widened. For toothless children the index finger of the assistant inserted as far back as is convenient between the upper and lower jaw is all that is necessary. For patients who refuse to be gagged a very simple plan is to excite the reflex by passing the index finger behind the last molar teeth. I need hardly mention that any struggling should be controlled without in any way embarrassing the movements of the chest and abdomen, an assistant for this purpose standing on the right side of the table behind the operator. Severe swelling of the laryngeal mucosa with an ill-defined epiglottis is not uncommon and may preclude all possibility of intubation; indeed, the propriety of attempting it under these conditions is questionable, as it is naturally so in cases of naso-pharyngeal and faucial swelling, combined with membrane almost occluding the faucial cleft and completely blocking the nares.

The tube may slip into the œsophagus; this is very common and is readily discerned by the absence of relief and the gradual shortening of the silk thread attached to the tube. If the epiglottis is held well forward by the intromittent finger this accident is less likely to happen. Spasm of the glottis (*vide* Case 5) may be so persistent that the tube will not enter for quite an appreciable space of time, whilst the patient's condition begins to give cause for anxiety. It usually yields, however, providing the manipulation is extremely gentle, when the succeeding inspiratory effort

readily allows the tube to slip in. Indeed, it is good practice to insert the tube during inspiration, for it is, I think, in these cases particularly that damage to the laryngeal mucosa and its ventricular bands is likely to occur unless this possibility of spasm of the glottis be always borne in mind.

Vomiting might be considered a very likely occurrence, but it is surprising that despite the reflex induced in reality it rarely occurs. This is possibly due to stronger reflexes being simultaneously called into play. With the tube *in situ* the breathing generally proceeds satisfactorily and the relief is immediate. Retraction of the chest, however, may not in some cases entirely disappear. This is frequently due to blood from the fauces (detached membrane) and mucus narrowing the lumen of the tube. The cough generally succeeds in expelling this, and ultimately the relief is complete. Membrane may be pushed down in front of the tube and be either free or flapping at its tracheal aperture. I have seen tranquil breathing succeed in spite of this for a few minutes; when, however, coughing set in it failed to expel the membrane, respiration ceased and instant tracheotomy was performed (*vide* Case 7). Relief may not be obtained at all. In some cases this is due to the swollen tissues in which the head of the tube is embedded or to tracheal obstruction. My list of recoveries also contained a case where the tube was inclosed in a laryngeal cast (*vide* Case 6). A patient may progress satisfactorily for a day or two and the tube then become suddenly blocked with membrane. Unless the tube is instantly expressed or immediate tracheotomy is performed the child's life may be lost. But although several such cases have occurred in the list given here, a fatal catastrophe has fortunately been averted (*vide* Case 8). The tube may get dry or partially occluded with tenacious mucous and membranous débris, and if the cough is absent, or if present is too weak to expel the secretion, signs of distress naturally make themselves evident. The tube may be coughed up at varying intervals. In some cases the patient progresses satisfactorily without further operative interference, in others the tube may have to be returned almost immediately, whilst there are a few cases in which the larynx is so intolerant that re-intubation is inadmissible and recourse must be had to tracheotomy. The tube may be coughed up and swallowed; my list does not, however, contain an illustration of this accident, but it happened here and the tube was passed per anum in a few days without giving rise to any trouble. The following are illustrative cases:—

CASE 4. "*The gag.*"—A girl, aged two years, was admitted to hospital with membrane on the uvula and tonsils, with stridor and retraction of the chest walls. She could not make any crying noise and the cough was very stifled. I inserted the gag without any difficulty, but the child struggled for a few moments, when the breathing suddenly ceased. The eyes were suffused, the neck vessels were turgid and the face was cyanosed. I opened the trachea instantly; artificial respiration and the usual restoratives were persisted in for a long time, but despite all efforts the patient died.

CASE 5. *Spasm of the glottis.*—A boy, aged one and a half years, was admitted to hospital with inflamed fauces, slight thoracic recession, hoarse voice, and stridor. The child was put in a steam tent and was able to sleep fairly well throughout the night. At nine o'clock on the evening of the next day the recession began to get deeper, there were commencing cyanosis and restlessness, and at midnight, as the child was unable to lie down and the obstructive signs were increasing, I intubated the larynx. The epiglottis was well defined and there was no difficulty in finding the laryngeal orifice, but the tube was immediately arrested further down and the child's breathing seemed to consist of a series of choking efforts. The tube was withdrawn a little and it slipped in quite easily during the subsequent inspiration. The silk thread was then removed, the mouth was cleaned out, and the patient was put back to bed. He was soon fast asleep and breathing quite naturally. I expressed the tube 84 hours afterwards and the child is now quite well.

CASE 6. *Intubation of a cast.*—This patient was a girl, aged six years. On admission there were membrane on the tonsils, some stridor, recession of the chest, and a harsh, brassy cough. The patient was put in a steam tent, but within two hours of admission she had several bad attacks of dyspnœa. She was now unable to sleep and could not lie down for long. Intubation afforded full relief and the intervals of sleep were sound and natural. On the second morning after admission the child became very restless, there was slight retraction of the chest, and her cough was weak and unproductive. I expressed the tube and found it to be blackened around the head, but the lumen was quite clear and bright. Several violent fits of coughing followed with shrill whistling inspiration and at last a tough mass of membrane was expectorated. This was a complete tube, with the lower end frayed out and marked with the rings of the trachea; the upper part was of larger calibre and stained with a black ring which exactly corresponded to the site of discolouration of the head of the tube. Within a few moments of this I was compelled to re-intubate, and the child was again quite comfortable. Subsequently she coughed up several pieces of membrane without any difficulty, and she continued to be very comfortable. When the tube had been in 48 hours I expressed it, but no sooner was the tube out than all the signs of obstruction returned with increased severity and I was compelled to re-intubate. As the expressed tube was more stained than its predecessor I decided to remove this one in 24 hours and if necessary then to resort to tracheotomy. However, the next day the tube was expressed and no signs of obstruction returned. Eight days after the tube was out the child could speak distinctly. Her recovery has been somewhat tedious owing to complications of diphtheria, but now beyond a slight otorrhœa she is quite well.

CASE 7. *Intubation with sudden obstruction of the tube; tracheotomy.*—A boy, aged four years and two months, was admitted to hospital with severe faucial diphtheria, some cyanosis, and thoracic and cervical recession. Intubation was performed at once with complete relief. The tube was introduced without any difficulty, the silk thread was removed, and the mouth was cleaned out. I sat the child up and he said "he was better." On attempting to cough, however, he failed; there was no expiration. The pupils dilated, his face became dusky, and I opened the trachea at once with the tube still *in situ*. The coiled-up plug of membrane was quite free and had not jammed into the tube; it was picked out and examined, but no marks of the trachea could be found upon it. A quantity of membrane was also coughed up through the wound. The intubation tube was expressed and its lumen was found to be clear, and the child was put back to bed with a tracheotomy cannula inserted, to all intents and purposes none the worse. He continued to cough up pieces of membrane through the tracheotomy tube for the next two days, but at midnight, three days after admission, the boy became very restless, there was deficient entry of air, the tube was dry and secretion was scanty. On exploring the trachea several pieces of membrane were fished up, and also a plug of inspissated mucus and membrane an inch long. Plenty of thick mucus was coughed up after this and the child was returned to bed with his breathing well established. His recovery henceforth was uneventful.

CASE 8. *Intubation tube obstructed 12 hours after insertion; tracheotomy; recovery.*—A boy, aged three years, was admitted to hospital with faucial diphtheria and laryngitis. During the night of admission and the following morning the boy had several attacks of dyspnœa, and the signs of obstruction were well marked within 24 hours. Intubation was easily done and gave complete relief, but towards midnight of the second day, although the child was sleeping, there was some recession. Shortly after midnight he woke up suddenly, tried to cough, struggled, and ceased to breathe. I opened the trachea instantly and found a tough curled-up strip of membrane, quite free, within the wind-pipe. The intubation tube was expressed after the child had come round and a tracheotomy cannula was inserted. His recovery was uneventful.

Before discussing the treatment after intubation, the question arises as to whether the silk thread affixed to the tube should remain. Personally, I always remove it; its presence is a constant source of irritation and annoyance to the patient, and it necessitates the hands being tied to the bedsides, adding yet another cause for discomfort. Unless passed between the interstices of the teeth it is very liable to get bitten through, and I have been called to such a case and found the child making vain efforts either to swallow or to expectorate the undetached portion. In favour of its retention, however, it certainly affords a means whereby the nurse can readily remove the tube in an emergency; but as nurses can be taught to express the tube successfully (*vide* Case 3) the afore-mentioned reason loses much of its import.

Although the cases in which membrane was expectorated by

the tube are few in number I cannot help thinking that in many of the younger children membrane is coughed up and swallowed with the mucus. Despite the fact that intubation may be done in an incredibly short space of time patients must not be allowed to get too bad; intubation should be performed before tracheotomy becomes justifiable, and should the first attempt be unsuccessful it is well in many cases to remove the gag and to allow the patient to recover from the temporary embarrassment. Persistent and prolonged attempts to intubate are wholly unjustifiable and may induce an irrecoverable collapse of the lung.

With regard to treatment, as early as possible diphtheria antitoxin should be injected, 6000 or 12,000 units at once and repeated in 24 hours if necessary. Immediately after the tube is inserted, cut the thread above the knot, and before withdrawing it steady the tube with the index finger of the left hand passed behind the epiglottis. The mouth must now be cleaned out, and it is advisable to let the patient sit up as the cough is more effectual in this position. See that the breathing is now well established before returning the patient to bed. No food should be given by the mouth, for intubated patients can rarely swallow with safety. Nasal or rectal feeding is by far the best method; giving nourishment with the foot of the bed raised is at the best tedious and frequently unsatisfactory.

To ensure that the laryngeal tube is kept as clear as possible it is most important that the patients should cough well and frequently and for this reason prolonged sleep is injurious. If the cough is absent, or if present it is weak and unproductive, sips of water should be administered regularly every two or three hours day and night to excite the reflex. I have found this simple expedient of the greatest service; indeed, I consider it an indispensable part of the treatment. Should the secretion be scanty or tenacious, a mixture containing iodide of potassium, antimonial wine, ipecacuanha wine, and tincture of squills is a great help in restoring its fluidity and ready expulsion. Irrigation of the nose and throat should be suspended as long as the tube remains in the larynx; the mouth, however, may be swabbed out when necessary. How long the tube is to remain in, providing the breathing is satisfactory, is a most difficult question to answer; indeed there are no indications that I know of to guide one as to when to remove it. At the end of three days is a very good time to express it. Expression is readily accomplished thus: The patient sitting upright, extend the neck, and with the left hand grasping the occiput place the ball of the right thumb just below the cricoid cartilage and bend the fingers of the same hand round the nape of the neck. Press the thumb backwards and slightly upwards and at the same time pull the head well forward on to the chest. This rarely fails to dislodge the tube, and there is no danger of it being swallowed. The tube should be carefully examined, and if there is much discolouration and the urgent symptoms return it is better to perform tracheotomy; otherwise reintubate and wait another three days. Frequently a little recession returns but it soon passes off.

The unsuccessful attempts to intubate the larynx are not dealt with in this paper nor are the cases which I intubated after tracheotomy for the purpose of restoring laryngeal breathing. They were, however, very few in number and they call for no special reference. With antitoxin intubation should hold a place in the treatment of diphtheritic laryngeal stenosis, but, unfortunately, its scope of usefulness is practically limited to hospital practice. A great desideratum in its favour is that it preserves the continuity of the respiratory tract. I desire to record my sincere gratitude to Dr. E. W. Goodall, the medical superintendent of the hospital, for permitting the publication of the cases and also for kindly introducing to my notice Dr. Raoul Bayeux's method of "enucleating" (expressing) the tube. To the nurses, also, my cordial thanks are due for the skill, care, and patience which they exhibited in some of the trying incidents connected with these cases.

Eastern Hospital, Homerton, N.E.

SWANSEA HOSPITAL.—The annual report for 1900 of the Swansea General and Eye Hospital was presented at a special meeting of the governors of the institution held on July 5th. This showed that the number of in-patients had been greater than in any previous year, being 168 more than in 1899, when 984 were admitted. The financial statement showed that the ordinary income was £5151, a decrease of £5 compared with the previous year.

A Mirror
OF
HOSPITAL PRACTICE,
BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv., Proœmium.

ST. THOMAS'S HOSPITAL.

A CASE OF CARCINOMA OF THE URETHRA AND BLADDER REMOVAL OF THE GROWTH WITH CLOSURE OF THE RESULTING SUBPUBIC WOUND AND ESTABLISHMENT OF PERMANENT SUPRAPUBIC DRAINAGE.

(Under the care of Mr. WILLIAM H. BATTLE.)

IN only a small proportion of the cases of malignant growths of the bladder can the growth be completely excised, as the tumour has usually reached large dimensions before any operation is proposed and it is often situated on the posterior wall of the viscus. It is otherwise, however, with new growths of the urethra, even if involving the bladder, for the affected part is much more accessible for surgical treatment and the diseased tissues can be completely removed. The establishment of a suprapubic vesical fistula for permanent drainage of the bladder renders the operation really feasible.

A married woman, aged 58 years, was admitted into the Elizabeth Ward of St. Thomas's Hospital on August 16th, 1900. The family history and personal history were good. The patient had been losing weight and strength for the past three months, but it was only six weeks since that any difficulty in micturition was noticed. This had continued irregularly since, at first unaccompanied by pain. More recently she had had pain which was localised just above the pubes and resembled "labour pain." This pain, which was at first intermittent, was on admission continuous. Three days before admission retention of urine came on and she required relief by the catheter, which was afforded in the casualty department, when the growth was detected.

The patient was a thin, somewhat anæmic, anxious-looking woman and complained of inability to pass urine. Examination of the urethra showed that the obstruction to micturition was caused by a growth the outline of which could be easily defined through the anterior vaginal wall. It was a hard ovoid mass of the size of a chestnut and extended from the meatus urinarius, which was surrounded, back to the bladder. A catheter could be passed with some difficulty but without causing much pain, and blood-stained urine was withdrawn. The tumour was fixed under the pubes, but did not involve the mucous membrane of the vagina. No enlarged glands could be found. There was slight cystitis. A catheter was passed occasionally to draw off the urine and for washing out the bladder, but sometimes the urine was passed naturally; it usually contained traces of blood. Rest in bed, good feeding, and freedom from fear of retention lead to general improvement in the patient's condition. As it was evident that the disease was carcinomatous it was decided to excise the mass, to close the lower opening into the bladder, and to make a suprapubic drain.

Operation was performed on August 29th. The bladder was distended with 18 ounces of sterilised water, a suprapubic opening was made into it, and after exploration with the forefinger the bladder wall was stitched to the skin. Through the suprapubic opening the growth could be felt forming a raised collar round the vesical opening of the urethra. The patient was then placed in the lithotomy position and the growth was excised through the anterior vaginal wall, much of that being excised with the growth. Anteriorly the incision was carried down to the bone and all the soft parts were cut away from their attachment to the arch of the pubes. The neck of the bladder was now freed from its attachments and the growth was cut away by means of scissors, the section of bladder being carried about three-quarters of an inch beyond the apparent margin of the growth. The opening in the bladder was then closed with silk stitches which were passed from before backward, but not including the mucous membrane of

the bladder. The vagina was afterwards plugged with strips of gauze and a tube was placed in the suprapubic opening.

The growth, of which the accompanying illustration shows the section, has been preserved in the Museums of the Royal College of Surgeons of England and St. Thomas's Hospital. The specimen from which the illustration is taken is described by Mr. Shattock as follows: "Half of an ovoidal tumour, about two and a quarter inches in chief diameter, which was excised with the urethra which it surrounds; on one aspect it is covered with the smooth mucous membrane of the vagina. The urethra has been rendered very tortuous by the growth, the free or urethral surface of which is highly papillary and is comparable with that presented by a villous carcinoma arising from the bladder. At the highest part of the specimen the internal urethral aperture is shown. Histologically, the growth is a papilliferous columnar-celled carcinoma, the epithelium lining its recesses and processes being of a typical cylindrical form without overlying flat cells."

Villous carcinoma of the urethra. From a photograph, almost natural size. The vesical end shows the opening of the urethra and the projection of the growth. The urethra has not been opened in the full length of the section.

On Sept. 3rd some leakage through the vaginal wound was noticed and on the following day the suprapubic vesical pump was fitted. On the 21st a small orifice through which leakage was taking place was touched with nitric acid and the vagina was packed with gauze. On the 24th the urine was ammoniacal, containing phosphates and pus. On the 25th nitrate of silver was used to touch the edges of the fistula. On Oct. 16th there was no leakage and the vaginal opening had quite healed. The temperature remained normal throughout except for one rise to 100·2° F. the day after the operation. Some days after the operation her mental condition changed and she became wandering in her speech and suspicious in her manner; this abnormal mental state gradually improved and passed away. She left for a convalescent home on Oct. 17th, having been supplied with a suprapubic tube and portable rubber urinal.

The patient attended at the hospital nine months after the operation in response to a letter requesting her to do so. She had put on flesh and had lost the pale, anxious look. The condition of the parts was quite satisfactory and the apparatus worked well. She was wearing, in addition to the usual suprapubic tube, a second tube which fitted into this at a right angle and was of smaller size, the upper open end of which was fixed to the undervest by means of a safety-pin some 12 inches from the junction with the larger tube. This addition was worth making as it improved the action of the apparatus considerably. It was, Mr. Battle believes, first made at the suggestion of Mr. Makins by Messrs. Down. The patient expressed her opinion of the apparatus very strongly: "It's just beautiful, sir."

Remarks by Mr. BATTLE.—A similar case of carcinoma involving the urethra and bladder in a woman, aged 60 years, was under my care in the year 1894, and an account of it was published in THE LANCET of June 15th, 1895, p. 1512. At the operation in that case a similar free removal of the growth was made and the subpubic wound was sutured; in that case, also, a permanent drainage was arranged above the pubes. The result appeared to promise well, but the patient disappeared and has not returned to the hospital since, so that no fresh information can be given of her. The result in this second case as regards comfort and smooth working of the apparatus is very satisfactory. At the time of the first operation I was unable to find any precedent for the course which I followed, but in searching the literature on the subject afterwards a case of removal of extensive growth of the parts with similar treatment of the bladder was found to have been recorded by Dr. J. H. Dunn,[1] U.S.A., when the relief was very striking.

The contrast between these very rare cases of primary malignant growth of the urethra, which hardly excited alarm or discomfort until obstruction was caused by the size of the tumour, and the distress caused by the common urethral caruncle, even when of small size, is very interesting. I have heard of a case of similar character which has been operated on since this one, but it has not yet been published and I have no particulars.

GUEST HOSPITAL, DUDLEY.

A CASE OF INTUSSUSCEPTION WITH SPONTANEOUS REDUCTION; RECOVERY.

(Under the care of Dr. ARTHUR S. UNDERHILL.)

THAT spontaneous reduction of an intussusception may occur cannot admit of doubt, but it is probably an exceedingly rare event, at least in cases in which the diagnosis of intussusception has been made. Yet a certain number of cases have been recorded in which patients have exhibited all the signs of intussusception, and when death has occurred a few days later no invagination of bowel has been present, though a portion of the intestine has shown some constriction or congestion.[2] It is likely that in most of these instances of spontaneous reduction the intussusception has affected only the large intestine. For the notes of the case we are indebted to Mr. F. A. Simpson, assistant house surgeon.

A girl, aged eight months, was admitted into the Guest Hospital, Dudley, on March 25th. She had been sent by a medical man with a history of "some internal trouble." On admission the child was very pallid; she had an anxious expression and cried out as if in pain at frequent intervals; this crying continued for two days. The patient was immediately sent to bed. The mother gave a history of the child passing blood by the rectum and said that she had vomited everything since the day before. On examination the child was found to be very collapsed and almost pulseless. On palpation there was the definite swelling to be felt just external to the outer border of the left rectus which was very rigid. The swelling might well be described as "sausage-shaped." On making a rectal examination a lump could be felt in the rectum about two and a half inches from the anus. The finger could be passed completely round this lump and almost into the mouth of it. There was a blood-stained, slimy discharge from the rectum, but not very profuse. After making his examination Mr. Simpson had little doubt in his own mind that the case was a definite intussusception. He immediately telephoned to the surgeon of the week, Dr. Arthur Underhill, to come to see the child with a view of operative interference. He arrived about 8.30 P.M., a few hours after the child's admission. He made a careful examination and was fully convinced that it was a definite intussusception. On rectal examination the intussusception had come down another half an inch at least and was even more pronounced than before. Dr. Underhill came to the conclusion that the child was too collapsed to stand an operation and consequently treatment was confined to keeping up her strength. No attempt at

[1] Annals of Surgery, 1894, vol. i., p. 461.
[2] F. Treves: Intestinal Obstruction, 1899, p. 382.

reduction was made. The child was given 30 minims of brandy hourly and milk if it could be retained. She slept most of the night, but vomited after all milk given until 6 A.M. when she retained two drachms, but she retained the brandy given hourly. Boiled milk-and-water (half an ounce of each) was given every half hour and 30 minims of brandy were given every hour. During March 26th the patient vomited after each feed. The blood-stained discharge continued this day and also the next. She vomited nine times during the night and after each feed on the 27th. She vomited seven times during the night of the 27th. On the 28th she began to improve, she did not vomit and the blood-stained slimy discharge from the anus ceased, but the intussusception could still be plainly felt per rectum. On the 29th the bowels were well open, the motion being semi-solid and dark brown in colour. She did not take nourishment well that day. The bowels were opened twice during the night. On April 2nd the motions became greenish and contained some slime. This condition continued for two days. The child improved daily. On the 10th she sat up in her cot playing with toys and taking a lively interest in her surroundings. She left the hospital on the 17th. The child was examined per rectum before she left the hospital and a distinct thickening was felt in the bowel, but the intussusception was completely reduced. No slough of the intestines came away at any period.

Remarks by Mr. SIMPSON.—Cases of intussusception with spontaneous reduction are, I believe, exceedingly rare. Ashby and Wright say: "Recoveries after spontaneous reduction and after sloughing have been recorded, but they are so rare that waiting for a natural cure means practically abandoning the child to almost certain death." A form of chronic intussusception in children somewhat resembling a prolapse of the rectum is mentioned and chronic invaginations are recorded, Treves reporting one of a year's duration and other doubtful ones; but this case was definitely acute and there is no doubt in my own mind that it underwent spontaneous reduction. I have every hope that the patient will have no further trouble. I am indebted to Dr. Underhill for his kind permission to report the case.

Medical Societies.

PATHOLOGICAL SOCIETY OF LONDON.

Researches in Tetanus Toxin.—Improved Form of Hæmoglobinometer.—Chemical Constitution of the Tubercle Bacillus.—Experimental Arthritis produced by the Rheumatic Bacillus.—Lantern Demonstration, Exhibition of Specimens, &c.

A MEETING of this society was held in the new Pathological Laboratory of the University of Oxford on July 6th, Mr. W. WATSON CHEYNE, the President, being in the chair.

Dr. JAMES RITCHIE (Oxford) detailed further experiments bearing on the Relation of Resistance to Tetanus Toxin in the Immunised Guinea-pig to the Antitoxin Value of its Serum. The method of immunisation used was to administer at intervals of four days equal doses of tetanus toxin the toxicity of which had been destroyed by means of hydrochloric acid. He had compared the action of four such doses with the action of eight doses. In the former case while the animals presented a resistance to 43 minimal lethal doses there was in the whole blood of the animal just sufficient antitoxin to neutralise between one and two minimal lethal doses. In the latter case while a resistance to 1000 minimal lethal doses was present there existed in the serum of the whole body only sufficient antitoxin to neutralise about 100 minimal lethal doses. Two other series of animals similarly treated gave similar results. In a further experiment, when the effect of four doses of modified toxin was compared with the effect of four doses of double the amount of toxin, a resistance to 2500 minimal lethal doses was developed in the latter, as against a resistance of 50 minimal lethal doses in the former, the antitoxin value of the sera being about the same. The general conclusion was that early in the process of immunisation there was developed a very high degree of resistance while there was very little antitoxin present in the blood.

Professor SIDNEY MARTIN made a preliminary communication on the Inhibition of the Growth of the Typhoid Bacillus in various kinds of earth and under various conditions.

Dr. J. S. HALDANE (Oxford) described a modification of Gowers's Hæmoglobinometer. Instead of the usual standard of picro-carmine jelly he used a 1 per cent. solution of ox blood saturated with carbonic oxide and sealed in coal gas. By this means he had obviated the disadvantages of the picrocarmine standard—viz., (1) it did not alter with time, (2) it was always a constant colour, and (3) it could be used in artificial light.

Dr. W. BULLOCH and Dr. J. J. R. MACLEOD communicated some of the results of an investigation into the Chemistry of the Bacillus Tuberculosis. The research was undertaken chiefly in order to ascertain to what chemical substance these bacilli owed their peculiar "acid-fast" properties. In confirmation of the work of Aronson they found that, after thoroughly extracting the bacilli with alcohol-ether containing 1 per cent. hydrochloric acid the acid-fast properties disappeared from the bacilli. The extract on cooling deposited a white scaly precipitate. This was separated and was found to stain deeply with carbol-fuchsin, retaining the stain even after treatment with 75 per cent. sulphuric acid. The extract also contained a lipochrome, a considerable amount of fatty acid, and only a trace of a neutral fat. The extracted bacilli were then treated at 60° C. with between 2 and 3 per cent. caustic potash till all proteid had been removed. The residue was found to contain about 3·5 per cent. nitrogen and to yield on hydrolysis a body capable of reducing cupric salts in alkaline solution. They suggested that the sediment might therefore consist, in part at least, of chitin. Sufficient material had not yet been prepared in order to decide this question. Rüppel and others suggested that the acid-fast properties of the bacilli might be due to chitin, since it has been observed that this substance was very "acid-fast" and also that certain fungi contained it. Dr. Bulloch and Dr. Macleod found, however, that chitin did not retain the fuchsin stain when the usual procedure was adopted, but that by leaving the chitin in the stain for 24 hours it was fast, even to 50 per cent. sulphuric acid. They found also that the wax-free residue of the bacilli was acid-fast after 24 hours' staining.

Dr. F. J. POYNTON and Dr. ALEXANDER PAINE made a communication on the Arthritis Produced in Rabbits by the Intravenous Injection of the Diplococcus isolated from Cases of Rheumatic Fever. They first gave an outline of their researches into the bacteriology of rheumatic fever from January, 1899, to June, 1901. They had isolated a minute diplococcus from 18 cases of rheumatic fever which maintained its virulence for long periods in media of slight acidity and also grew in media of high alkalescence. This organism they believed to be identical with that described by Triboulet, Wassermann, and Meyer. They had demonstrated it in the tissues of men and had produced by intravenous inoculation the "symptom-complex" of rheumatic fever in rabbits. The results obtained having been so constant and the number of cases now investigated being sufficient, it was, in their opinion, justifiable to apply the name "diplococcus rheumaticus" to this organism. The arthritis that was produced in rabbits (specimens of which were exhibited), though a frequent occurrence, was not invariable. It varied in severity and resembled in this respect rheumatic pericarditis in childhood, though, as clearly stated by Wilks and Moxon in their work on pathological anatomy, similar grades of severity were also to be recognised in the rheumatic arthritis of man, though with less frequency. The exudations were clear or blood-stained, turbid, or fibrino-plastic. The sheaths of the tendons round the joints and the bursæ in the neighbourhood were sometimes affected, together with the joints. The first symptoms usually appeared upon the third day, though sometimes more than a week elapsed. It was a polyarthritis especially of the larger joints and it frequently ended in complete recovery. Two cases became chronic and much thickening of the fibrous tissues of the joints resulted. In the acute stage there was gelatinous swelling of the fibrous tissues of the joint and the amount of exudation might be little or much. The organisms were rapidly destroyed by leucocytes and endothelial cells, and a section through the joint capsule in the early stage showed much cellular exudation in the delicate areolar layer which bound the endothelial lining of the joint to the fibrous layer. The difficulty that was experienced in obtaining cultures from rheumatic synovitis of moderate severity was, they believed, clearly explained by

this extensive cellular reaction which brought about a rapid destruction of the diplococci. In conclusion they summarised their observations upon the arthritis produced in rabbits as follows. Arthritis was frequent but not invariable. It was a polyarthritis affecting especially the larger joints. It was of varying severity and sometimes recovery ensued. There might be acute swelling of the fibrous tissues causing a gelatinous appearance or a chronic fibrous thickening of the joint capsule. The exudations were clear, blood-stained, turbid, or fibrino-cellular. The diplococcus was demonstrable in the exudations, but with difficulty in the most acute and in the chronic phases. The diplococci were destroyed by leucocytes and endothelial cells and probably gained access to the joints by the minute blood capillaries in the areolar layer of the joint capsule. Macroscopical and microscopical drawings and specimens were shown illustrating these researches.

Dr. PURVES STEWART gave a lantern demonstration of the Degeneration following a Transverse Lesion of the Cord at the Level of the Sixth Cervical Segment in the Human Subject. The Marchi method was employed. In addition to the ordinary ascending and descending degenerations special attention was directed to the following points. 1. The existence of a new descending tract—"Tract X."—in the cervical region, ventro-external to the crossed pyramidal tract and at a plane corresponding to the tip of the lateral horn. 2. The existence of ascending degeneration in the pyramidal tract *above* the level of the lesion. 3. The presence of degeneration in the anterior commissure of the cord for three segments below a cervical lesion. 4. The probability that the descending degeneration in the posterior columns, extending down to the coccygeal region and constituting successively Schultze's comma tract, Bruce and Muir's septo-marginal tract, Flechsig's oval field, and Gombault and Phillippi's *triangle médian*, was really all one long combined system. 5. The fact that ascending degeneration of the posterior columns did not stop short at the posterior column nuclei, but continued upwards in the arcuate fibres above.

Dr. N. BISHOP HARMAN exhibited a series of Water-Colour Drawings, Microscopical Specimens, and Cultures of the Veldt and Natal Sores. The veldt sore was, he said, a vesicle or blister forming in the stratum lucidum of the epidermis. Cultures from the serous discharge yielded a diplococcus growing freely on ordinary media and resembling staphylococcus aureus in some respects. In aerobic cultures it grew as a diplococcus. It exhibited a most extraordinary resistance to the usual destructive agents. It would grow in a moist heat of 86°C., in a dry heat of 110° C., and it had retained all its virulence in a dry film for 61 days. He had soaked cultures of the organism in equal parts of 1 in 1000 perchloride, and yet they would grow afterwards. The veldt sore was only found in the dry, rather barren, high table-land of South Africa. It affected the troops to the extent of over 20 per cent., mounted men being attacked in almost twice the proportion to infantry. It affected the Boers also, but not to such an extent as it did the British. The Natal sore was found in the lower parts of Natal where vegetable life and animal life were abundant. It was essentially an abscess of the true skin, and yielded the staphylococcus pyogenes aureus both on film and culture preparations.

Dr. A. WATERS showed a number of Microscopical Sections of the Rarer Tumours. Of these the most interesting was a secondary malignant growth invading a dermoid cyst, giving rise to metastasis in various organs. The tumour conformed to no regular type but much resembled "deciduoma malignum" histologically.

Dr. H. L. BARNARD exhibited the organs taken from a boy, aged nine years, who had died from the effects of an accident. The patient had been the subject of a calcified aneurysm of the renal artery, and this by the force of a blow on the back had been driven into the liver, causing rupture of that organ.

OBSTETRICAL SOCIETY OF LONDON.

Spontaneous Rupture of the Uterus in Placenta Prævia.—Exhibition of Specimens.

A MEETING of this society was held at 20, Hanover-square, W., on July 3rd, Dr. PETER HORROCKS, the President, being in the chair.

Dr. J. PRESTON MAXWELL (Amoy, China) read a paper on Spontaneous Rupture of the Uterus in Placenta Prævia. He had met with three cases of this accident. In the first case the woman died undelivered within a few minutes of the rupture; in the second case the uterus was found ruptured posteriorly after delivery and the patient had dangerous hæmorrhage, but recovered after packing of the rent by antiseptic gauze. The details of the third case were as follows. The patient, a primipara, aged 23 years, had been in poor health during her pregnancy. Fortunately she was more enlightened than were the majority of Chinese women, and she called Dr. Maxwell in when labour began. She had weak, poor pains, and the child was evidently at full term; the cervix dilated very poorly, especially posteriorly. There was a little more bleeding than usual, and this combined with the irregular dilatation of the os, which would admit two fingers, caused a suspicion of placenta prævia, and the edge of the placenta was felt behind. As she lived close by it was decided to get her into a better condition by procuring some sleep, and to that end she was given a dose of chloral and bromide. She went to sleep, and when next visited, about 12 hours after, the cervix had closed up and it admitted one finger with difficulty. There was no further hæmorrhage, and at the end of 14 days labour came on and the os dilated, but still it did not dilate well behind. When it was nearly dilated Dr. Maxwell left the room for some two or three minutes, but returning found that the patient was beginning to bleed badly, and he at once ruptured the membranes, and, the child's head coming down, he placed his hand on the uterus and kept it there but without in any way stimulating it. At the end of 10 minutes the child was born without assistance. The moment the child was out of the vagina blood simply pumped out and death appeared imminent. Turning the patient on to her back he quickly expressed the placenta and, with his hand on the abdomen, pressed the uterus forcibly downwards and backwards and administered ergot by the mouth and by hypodermic injection. The bleeding, which had been checked by the pressure of the uterus downwards, came from a rent of the posterior wall of the uterus and the cervix and the examining fingers could be passed directly into Douglas's pouch. He packed the rent with gauze wrung out of biniodide of mercury lotion and kept up pressure on the uterus for two hours. The gauze was removed in 24 hours. No douche was given and no septic symptom arose and her recovery was uneventful. The child weighed five pounds and was puny. At the end of three weeks the child developed pneumonia owing to a chill and died after two days' illness. The placenta was a placenta prævia marginata and the rupture had occurred through the entire cervix and lower portion of the placental site. It was well known that in cases of placenta prævia the wall of the uterus was not strong and in some cases fatty degeneration of the uterine muscle had been discovered. What exactly sets up the rupture in these cases it is difficult to tell. A severe pain accompanied by an expulsive effort is sufficient to start the rent, and once started it is apt to enlarge mechanically. As to the treatment, laparotomy and suture would have been extremely difficult and almost certainly fatal. And it was impossible to suture the rent per vaginam, especially in a dirty Chinese home.

Dr. F. H. CHAMPNEYS said that the case was remarkable in several ways. The small size of the child, the absence of malpresentation, the absence of interference, and the absence of anything in the history to account for the accident combined to make it worthy of record. As to the treatment which had been adopted he thought that it was perfectly correct; the plugging of the rent with gauze was the most successful treatment in cases in which the fœtus and placenta had not escaped into the peritoneal cavity. He was not, however, surprised that the case was well treated, as Dr. Maxwell (who had only lately been his hospital assistant) was well known to him.

Dr. G. E. HERMAN concurred with what Dr. Champneys had said as to the merit of the paper. Dr. Maxwell had quoted some current statements without, however, indorsing them as his own, and therefore he could hardly be held responsible for them. He said that in placenta prævia the uterus had been observed to be soft. It was true that some writers had said so; others had said that it was hard. He (Dr. Herman) did not think that there was any marked or constant difference in consistence between the uterus with placenta prævia and any other pregnant uterus. Dr. Maxwell had also said that spontaneous rupture of the uterus was due to fatty degeneration, and in that he followed the statements of eminent writers on midwifery. But he (Dr. Herman) knew of no good evidence to show that fatty degeneration of the uterus was present in cases of rupture of the uterus.

Fatty degeneration of the uterus had been said to take place in the puerperium, but the more recent researches of Helme showed that it was no part of the process.

Dr. DRUMMOND ROBINSON, in reference to points raised by Dr. Herman regarding fatty changes in the involuting uterus, stated that he had had the opportunity of examining microscopically two specimens of involuting human uterus. Careful staining with osmic acid failed in both instances to demonstrate the presence of fat.

Dr. HERBERT SPENCER said that the case was one of unusual interest and had been judiciously treated and well recorded. He was pleased to find that in two cases mentioned by Dr. Maxwell in which gauze-packing had been employed recovery ensued. Dr. Spencer had called attention to this method of treatment in a paper read before the society last year, giving notes of four cases successfully treated in this way. His previous experience had been that in every case of rupture of the uterus (about eight in all) the patient had died. At the present time it was usual to recommend abdominal section for complete rupture of the uterus, but that operation, especially if followed by hysterectomy, was generally too severe a shock for a patient suffering from a rupture of the uterus, and if those with experience of that accident would publish all their cases as he had done he had no doubt that the results of hysterectomy would compare very favourably with those given of gauze-packing.

Dr. AMAND ROUTH had seen one case of spontaneous rupture of the uterus with placenta prævia. The patient was eight months pregnant and had had several attacks of hæmorrhage. Under deep anæsthesia the cervix was found to be rigid and it was not easy to insert the finger. An anterior marginal placentation was found. The tongue of placenta was separated from the lower uterine segment, podalic version was performed, and the leg was brought down to the half-breech, which was left *in situ* for nature to complete the delivery. In about 24 hours, the patient's medical attendant being then in charge, labour pains came on and the child and the after-birth were spontaneously expelled. In two days septicæmia was evident and the practitioner in attendance then found that the uterus had ruptured anteriorly. In spite of all treatment the patient died. He had no doubt that Dr. Maxwell's treatment by packing the rent with antiseptic gauze was the correct one to adopt, arresting hæmorrhage and securing drainage.

The PRESIDENT thought that the treatment was not only excellent "in a dirty Chinese home" but was the very best treatment in a London or any other hospital with every appliance available. The treatment of rupture of the uterus by packing with gauze was most successful in saving life. He certainly considered that much of this success was due to the fact that the parts had not been rendered septic by the accoucheur's hands. He related details of a most extensive rupture of the uterus which was treated by packing, this being renewed under chloroform every day for 12 days in succession and then less frequently. The patient then became very ill and at last a large slough was extracted from the right broad ligament, and ultimately the patient recovered.

The following specimens were exhibited :—

Dr. CUTHBERT LOCKYER : A Menstrual Membrane from a case of Exfoliative Endometritis.

Dr. RICHARD ALCOCK : Microscopical Sections of a Cyst of a Corpus Luteum.

Dr. J. S. FAIRBAIRN : (1) A Primary Carcinoma of the Ovary ; and (2) an Incomplete Tubal Abortion.

Mr. A. C. BUTLER-SMYTHE : (1) A Cancerous Uterus removed 18 years after Double Ovariotomy ; and (2) a Diverging Traction Forceps for Vaginal Hysterectomy.

Dr. WILLIAM DUNCAN : Two Fibro-myomatous Uteri (one Cystic) removed by Abdominal Hysterectomy.

The specimens were discussed by the PRESIDENT, Dr. W. F. V. BONNEY, Dr. C. J. CULLINGWORTH, Mr. A. DORAN, Dr. DUNCAN, Dr. T. W. EDEN, Dr. A. E. GILES, Dr. HERMAN, Dr. DRUMMOND ROBINSON, Dr. AMAND ROUTH, Dr. HERBERT SPENCER, and Dr. W. W. H. TATE.

OPHTHALMOLOGICAL SOCIETY.

Blindness resulting from Sodium Salicylate.—Melanotic Sarcoma of the Conjunctiva (sequel).—Conjunctival Bridges and Pouches due to Union of Retrotarsal Folds.—Sympathetic Irido-cyclitis (recovery).—Exhibition of Specimens.

THE last ordinary meeting of the session was held on July 5th, Mr. G. ANDERSON CRITCHETT, the President, being in the chair.

Mr. SIMEON SNELL related the following case of Blindness resulting from Sodium Salicylate. The patient, a girl, suffered from acute articular rheumatism, for which sodium salicylate was prescribed. She woke from sleep at 7.30 A.M. and said that everything was dark in front of her. On the medical attendant's visit between 11 and 12 he found her unable to distinguish between light and dark. The next day Mr. Snell saw her and found her perfectly blind. The ophthalmoscope disclosed nothing abnormal in either fundus. The following day he again saw her, when she was succumbing to pericarditis with endocarditis. Again nothing abnormal in either fundus was detected. There was no return of vision and she died that same evening. It was calculated that the total quantity of sodium salicylate taken must have been 140 grains, if not 160 grains, in 60 hours. Mr. Snell said he thought that there could be very little question that the sodium salicylate was the cause of blindness in this instance. The number of similar cases recorded was very limited.

Mr. J. B. LAWFORD reported further notes of a case of Melanotic Sarcoma of the Conjunctiva. The patient was a woman whose conjunctiva showed marked and increasing pigmentation when she was shown to this society on June 11th, 1896. In July, 1896, two pinkish nodules appeared. In August, 1896, the cornea became hazy and the intraocular tension raised. In October, 1896, the eyeball and conjunctiva were removed and were examined by Mr. Devereux Marshall who reported the growth to be a pigmented sarcoma. The pinkish nodules consisted of connective tissue, cells, and blood-vessels. There was no growth whatever within the eyeball. In May, 1897, the patient had a serious illness with brain symptoms, and it was thought that an intracranial growth was present. However, she got better. In October, 1897, some new growth was seen in the orbit and the general health was not good. On Oct. 21st, 1897, the growth was removed and was examined and found to be a sarcoma. In August, 1898, another recurrence was seen. On Sept. 1st, 1898, the growth was removed and examined by Dr. Jenner and found to be a sarcoma. In April, 1899, another pigmented spot was seen, and in the following September another had appeared in the upper lid. On Sept. 14th, 1899, the whole contents of the orbit were removed. On March 20th, 1900, the patient was very ill and died on April 28th, but no necropsy was obtained. Mr. Lawford unfortunately did not hear of her death until some weeks later. Owing to the patient's very irregular attendance and also to her refusing operation in the early stage of the disease her chances of cure were much diminished.

Major H. HERBERT, I.M.S. (Bombay), described Conjunctival Bridges and Pouches, due to Union of Retrotarsal Folds, a condition found in nine upper lids of seven patients of all ages. One or more retrotarsal folds had contracted permanent adhesions with the tarsal conjunctiva evidently while displaced downwards through swelling in some previous inflammatory attack. The adhesions were sometimes multiple along the summit of the one fold ; in other cases smaller adhesions of underlying folds were found beneath the principal ones. The folds had retracted, except when held by the adhesions, thus leaving the permanently displaced portions as broad or narrow bands, or bridges of conjunctiva connecting tarsus and fornix and freely admitting the passage of a probe beneath them. There was no history of injury in any case, but in the majority there was or had been trachoma. Two cases were also mentioned in which small bridges of union had formed between folds in the lower fornix. In another patient recovering from acute conjunctivitis (membranous or pseudo-membranous) the actual formation of these adhesions was seen. The union was primarily by means of fibrinous exudation, which apparently became organised. Finally, another upper lid was mentioned in which a broad fold came down over the tarsus and had adhesions not only at its summit but also over the greater part of its surface, leaving only a shallow pouch or pocket under each curved lateral margin.—Dr. BISHOP HARMAN stated that he had seen a similar condition in a patient in South Africa who had previously suffered much from grit in the eye.

Mr. SYDNEY STEPHENSON communicated notes of a case of Mild Sympathetic Irido-cyclitis in a child 54 days after removal of an injured eye. The interval between the original injury and the enucleation of the eye was 20 days. The injured eye was affected with puro-plastic cyclitis, but

micro-organisms could not be recognised. The patient when seen 16½ months after the accident had made a complete recovery.—The PRESIDENT referred to an observation of Liebricht that pressure on the nerve stump in the vacant orbit was painful in these cases.—Mr. DEVEREUX MARSHALL asked Mr. Stephenson if this was a record case. He himself had seen a mild case develop between two and three weeks after an eye had been removed for injury, but he had never seen a case develop so long as 54 days after enucleation.—Mr. SIMEON SNELL narrated a case of recovery of both eyes under similar circumstances. Enucleation sometimes sacrificed the better eye of the two.—Mr. STEPHENSON said that he was not certain what was the longest interval observed, but he did not think that his was the longest on record.

The following cases and card specimens were shown:—

Mr. C. WRAY: Gumma of the Orbit which occurred 40 years after Primary Syphilitic Infection.

Dr. W. C. ROCKLIFFE: Cystic Growth of the Retina (probably Carcinoma) Secondary to a Primary Scirrhus of the Breast. There was evidence of both eyes being affected.

Mr. MARCUS GUNN: Exceptional Appearance of a Choroidal Lesion, probably tuberculous.

Mr. INGLIS TAYLOR: Peculiar Form of Vitreous Opacity.

Dr. HARMAN: Hole in the Macula.

MEDICO-CHIRURGICAL SOCIETY OF EDINBURGH.

Alcohol in its Medical and Scientific Aspects.

THE tenth ordinary meeting of this society was held on July 3rd, Dr. A. G. MILLER, the President, being in the chair. The meeting was devoted to a discussion on Alcohol in its Medical and Scientific Aspects.

Professor G. SIMS WOODHEAD, in opening the discussion, said that it was always well to have clear issues and that before they could discuss the matter reasonably they must arrive at some agreement as to what category alcohol must come under. Was it a poison, a drug, or a food? Or if it were all three, as some maintained, in which did it play the most important rôle. As a food, or even as a drug, did it play a part anything like so prominent as it did as a poison? All agreed in believing that alcohol was a narcotic poison, and certainly as a pathogenetic agent it was a protoplasmic poison. Certainly alcohol was a drug, but it was not a panacea for all ills. Let them keep alcohol as a drug and use it and prescribe it as any other drug, not loosely, but with a definite end in view, and at any rate with some show of scientific precision. The third question, Was alcohol a food? interested them greatly. It was this view of it which rendered it responsible for the greater part of the diseases which were now ascribed to its action. Few physiologists denied that alcohol was oxidised in the body, and to that extent might supply a certain amount of heat, but that any sane man would put forward alcohol as able to supply the number of calories required by the body and easily given by carbohydrates and fat was scarcely conceivable. Quite recently Dr. John Madden, criticising Professor Attwater's teaching on the food value of alcohol, pointed out that it differed from fats and carbohydrates in so far that it was a violent protoplasmic poison whilst they exerted absolutely no toxic effect. Ehrlich's views were important, and he stated that the nutrition of cell protoplasm appeared to result from a combination of certain proteid elements with the cells. Certain bonds or links were necessary for the application of nutritive substances to the use and nutrition of the cell. All these links appeared to be connected with the nitrogenous element. Now alcohol did not contain this nitrogenous element. It entered into combination with the protoplasm but apparently in quite a different fashion from the nutrient substances ordinarily utilised by the cell and acting rather as a toxic than as a nutrient substance. Dr. Madden pointed out that there was absolutely no evidence to show that alcohol might act as a respiratory food or that it was converted into a reserve supply of fat, but that instead of protecting nitrogenous tissues from undue waste (as did the fats and carbohydrates), alcohol actually hastened their waste, acting as a protoplasmic poison. Another important feature in connexion with alcohol as a food was the extraordinary avidity that it, like phosphorus, appeared to have for oxygen. This was probably one of the prime factors in producing certain forms of fatty degeneration. Under ordinary circumstances fat and carbohydrates taken into the body were readily oxidised by the respiratory oxygen. With alcohol, however, they had a much more active process. It became oxidised under conditions in which oxidation of fat and carbohydrates could not take place, and, like phosphorus, it appeared to divert to its own use oxygen which normally would go to protect nitrogenous tissues from undue waste, thus leading to derangement of their functions and metabolism. It interfered with the normal oxidation of carbohydrates and fat and to that extent set up abnormal metabolic processes which ended in the destruction of protoplasm and in the accumulation of the resulting fatty degenerative products in the protoplasm. This change was seen best in the heart muscle, but took place in muscular tissue throughout the body generally. In these secondary fibrous and calcareous changes occurred, thus leading to premature senility and thus directly due to alcohol. Like phosphorus or the products of micro-organisms and alcohol, they offered them evidence of the danger of assuming that because it was readily oxidised in the tissues alcohol was to be looked upon as a substance useful in the animal economy. In the case of alcohol they appeared to have this degenerative action on the cells without any accompanying nutrient action. It was because of this want of the nutrient element that the protoplasmic cells did not in time become accustomed to the poisonous action of alcohol as they did to the poisonous action of the proteid toxins. As a result of tissue reaction between the toxin and the cell the tissues of the body as a whole might in time become capable of withstanding enormous doses of certain proteid toxins. In the case of alcohol the process of immunisation was only slightly (then only apparently) increased, the degenerative changes affording evidence that the tissues, at any rate, did not become immune to its action. Professor Woodhead referred to the combined actions of alcohol and arsenic, the tissues "weakened" by one poison being more readily affected by the other. It was also recognised that alcohol in some ways acted as a predisposing cause to specific infective disease. McLeod of Shanghai insisted most strongly on this point. Abbot had shown that the normal resistance of rabbits to infection by the streptococcus pyogenes erysipelatis was markedly diminished by the use of alcohol when given daily to the stage of acute intoxication and indicated that this agreed in a way with clinical observations on human beings addicted to excessive use of alcohol when infected by this organism. Delearde found that animals treated with considerable doses of alcohol were less resistant to the action of the anthrax bacillus, tetanus toxin, and rabies poison, and also that it was a more difficult matter to render and maintain such animals immune to the action of these poisons than it was in the case of ordinary non-alcoholised animals. It was, however, to be noted that all these animals were treated with very large doses of alcohol. Laitenen tried the effect of small doses of alcohol for a lengthened time on animals, and his first conclusions were that alcohol, however given, induced in the animal body a markedly increased susceptibility to artificial infection or poisoning by certain infective and toxic agents, and he stated that the use of alcohol in the treatment of anthrax, tuberculosis, and diphtheria, at any rate, was not only useless but was probably actually deleterious. He stated, as also did Abbot, Welsh, and others, that the predisposing action of alcohol must be looked for in the production of abnormal conditions and pathological changes in the various organs—alimentary canal, liver, kidneys, heart, &c. Alcohol slightly diminished the alkalinity of the blood and favoured some leucopenia during which there seemed to be a slight decrease in the bactericidal power of the blood and an increased susceptibility of the tissues to the action of infective agents. Leitenen pointed out that experiments proved that pregnant animals and their offspring were markedly affected by the continued use of small doses of alcohol. The normal temperature and that in disease were often temporarily but slightly reduced by alcohol and this was the most favourable moment for the invasion of infective agents. As regards the relation of alcohol to phthisis there was direct evidence to show that even in small doses alcohol predisposed to this disease, and this was equally true as regarded the secondary and continued infection. If alcohol increased the susceptibility of the tissues to this infection or interfered with the production of immunity it could scarcely be good as a permanent food substance in this disease. Alcohol insisted on being oxidised in the body and where there was such marked interference with the respiratory processes this might be a most

serious factor in bringing about an accumulation of fat in the liver and in setting up a fatty degeneration in the cell of this and of other organs. Mitchell Bruce was satisfied that dilatations of the heart and alterations in the myocardium were of frequent occurrence as the direct result of alcoholism. Professor Woodhead had seen two cases both in young and otherwise healthy people who had died from acute alcoholism in which there was an acute myocarditis without any endocarditis or pericarditis. The heart, however, appeared to be affected by alcohol long before any organic change could be made out in its tissues. Leonard Hill told them that alcohol rendered systolic output incomplete and increased the diastolic pressure and the dilatation of the heart. As regards the influence of acute alcohol poisoning on nerve cells, it had been shown that Nissl's granules gradually disappeared and the protoplasmic basis became slightly stained in the nerve-cells of the cerebral cortex, in Purkinje's cells and in the multipolar cells of the spinal cord, indicating a marked toxic condition such as was met with in connexion with diphtheria, tetanus, and other poisons. The changes were more marked as the dose of alcohol was increased or allowed to act for a longer period. Professor Woodhead described the changes which resulted in the nerve-cells in alcoholic brains. Such lesions of the neuron were not peculiar to the effect of alcohol, but might be reproduced by any irritant drug or bacterial toxic product. They had thus materials on which to found a study of the pathological changes set up by alcohol. Now that the conditions which produced these changes were understood and could to a certain extent be controlled they were more satisfactorily placed for studying the direct changes which took place in these and other tissues and might soon obtain more definite information on many controversial points.

Professor T. R. FRASER said that there were those who thought that alcohol was of the highest value, while there were others who thought that it had no value whatever. It must be admitted that alcohol was a toxic agent, yet it had actions which might be of service in many directions—e.g., to patients suffering from certain diseases and even in certain circumstances to society at large. Enough care had not been taken to discriminate between the effects produced by small doses as contrasted with the effects of large doses. The effects were entirely different. In small doses alcohol stimulated the heart, while in large doses it paralysed it. It was a substance which either improved or destroyed digestive processes and because of the case with which it was burnt up in the body might give energy and so be of use in certain crises. In considering its actions Professor Fraser noted: 1. Effects on circulation.—There was no doubt but that alcohol acted directly on the heart in small doses so as to increase the force of its contractions and to quicken its action. This rapid stimulating action of alcohol was of value to the circulation as contrasted with the majority of other drugs. Alcohol was readily absorbed and so its effects were speedily produced. There was no subsequent depression following on this cardiac stimulation. The heart merely returned to its normal and was not enfeebled. It had a direct action on the blood-vessels as a result of which they dilated. As a result of this increase in cardiac action, together with the vascular dilatation, there was a widely distributed acceleration in the blood-supply and a consequent stimulation of distant tissues and cells of the body when these might be perishing for want of nourishment. 2. Effects on digestion.—It had been absolutely proved that alcohol stimulated salivary secretion without deteriorating its power. It also increased the peptonising power of the gastric secretion as well as increasing the peristaltic movement of the stomach. This caused, therefore, a more thorough digestion of food. It also induced a leucocytosis, and as this took place in the gastric walls an increase in the absorption of nitrogenous substances from the stomach wall must result. Of course, in all such questions they must deal only with such doses as were proper. Alcoholism was a very satisfactory agent in stimulating primary digestion. It was a tonic to digestion, but only when the dose was moderate. 3. As regards nutrition, alcohol was very easily oxidised. After taking alcohol the output of CO_2 and the intake of oxygen were enhanced. Only an insignificant amount of alcohol was to be discovered in any of the excretions. Such facts showed that alcohol was absolutely burned up in the body and it must therefore generate energy and force and must therefore be a good substance. It was much more readily consumed than either carbohydrates or fats. Professor Fraser did not place it high as a food substance. Its only value lay in allowing them to tide over an emergency, as where a patient was unable to retain any food in the stomach and where death threatened. By giving alcohol in suitable cases they could ward off this and so overcome crises. They could cure such cases by giving alcohol, as it proved not only a food but also acted by stimulating the circulation. 4. Its action on the temperature.—Even in normal conditions as well as in pyrexia alcohol reduced the temperature. This was due to radiation of heat from the body and not from any inhibition of heat production. Alcohol therefore proved very satisfactory in reducing pyrexic conditions. 5. Action on the nervous system.—As physicians they had not much to do with this aspect of the question. The actions of alcohol which were made use of were scarcely those which affected the nervous system at all. The chronic action of alcohol on the nervous system was something totally different, however. 6. As regards the action of alcohol in infection Professor Fraser said that the incidence of plague amongst an absolutely teetotal population gave a case mortality of 95 per cent. in Calcutta, whilst amongst the Europeans who drank alcohol it was only 20 per cent. The same results were seen in the recent outbreak of this disease in Glasgow.

Dr. T. S. CLOUSTON said that alcohol was the greatest factor in producing disease in the higher nerve centres, accounting for from 20 to 25 per cent. of the cases of mental disease. In explaining this, however, one must consider the neuropathic brain, which was really the original predisposing cause of the mental disease. Even if alcohol did not act on these cases many other causes would come into play and act on such brains. In Dorsetshire, for example, there was a good deal of quiet beer-drinking but little ardent spirit was consumed; alcohol was said only to cause 5 per cent. of the cases of mental disease, yet Dorsetshire furnished as many lunatics as were found in Edinburgh. Again, amongst the Society of Friends mental disease occurred to as large an extent as amongst the general population and yet the habits of the Friends were above suspicion. This showed that alcohol as being *the* factor must be conditioned in many ways. In those in whom the brain was easily excited to desire and where inhibition was easily decreased (and this formed a large class, artists, poets, &c.) alcohol produced to an intense degree pleasurable excitement and yet it was one of the most powerful toxic substances. One must put against the increased liability to infectious troubles induced by alcohol the advantages which it produced on the social side. Experiment showed that alcohol led to a liberation of energy. Its first effect was a katabolic one on the higher nerve centres. Then these easily discharged themselves. The effect of a small amount of alcohol was to give slight conscious pleasure and the mental output was increased, but the latter was of a poor sort. Ferrier long ago showed that repeated stimulation of the motor cortex soon led to the production of convulsions. The same happened with alcohol; repeated doses had a much greater effect, as perhaps half the former dose would interfere with mental processes. This effect on the higher centres should be remembered. Some change of a molecular kind took place in these centres and this effect was of a lasting kind. Dr. Clouston thought that much valuable information might be obtained by the appointment of a scientific committee to investigate this. In the treatment of admitted alcoholics one of the great hindrances was that the patient could not help in his own treatment. He needed legislative help, and surely if the whole profession demanded this the legislature would grant it. Taking a broad view of the social customs and the neuropathic brain there was undoubtedly an excessive use of alcohol. If they could by an emphatic expression state that the excessive use of alcohol was very harmful, and if they could make people believe in this pronouncement, they would do a great deal of good.

Dr. J. O. AFFLECK said that the various views had to be brought to the test of experience. His own view in regard to the administration of alcohol was that while he would not like to be without it, yet it was an emergency remedy. He thought that the statements of Professor Fraser were very strong and very dogmatic and open to serious question. One often saw a case of pneumonia in a drunkard end fatally in a short time and this result was simply due to the unfavourable condition of his body induced by alcohol, yet alcohol was much used in pneumonia and given in large doses. Dr. Affleck had been greatly disappointed in such cases in its use. He had rarely seen large doses do any good. He thought that the use of alcohol as an aid to digestion was

fraught with terrible danger. If this stimulus to digestion were called into play every day, would it not shortly fail as such, and might it not cause such tissue disintegration that evil results would follow in later life? He felt more and more chary of ordering alcohol and a greater responsibility in doing so. One could not dissociate the moral from the medicinal aspects of the question.

Dr. JAMES RITCHIE quoted statistics from life assurance offices to show that the lives of total abstainers were very much better than those of moderate drinkers and said that the 20*s.* per cent. of added premium did not suffice even in those who were merely connected with alcohol in a business capacity. In one office the deaths of total abstainers fell to 23 per cent below the normal expectation of deaths, while in another it fell to 26 per cent. In the industrial insurance companies the same was seen—e.g., the Rechabites were teetotalers while the Foresters were not, and in the latter there were three and a half times as much sickness as in the former. In accident companies total abstainers paid 10 per cent. less premium. In disease, Dr. Ritchie stated that in gout alcohol so modified the vital processes as to predispose to gout and that he found gouty people were much better without alcohol. The same he found with rheumatism. In dilatation of the heart he never gave alcohol. He differed from what Professor Fraser had said regarding the cardiac failure. After giving alcohol they got a failing of the heart after about two hours and so another dose had to be given.

Dr. J. FOULIS thought that alcohol had very little effect in sustaining the heart in chronic disease.

Dr. LESLIE MACKENZIE spoke regarding the effect of alcohol on infection. Infectious diseases were chiefly confined to the early years of life and at that time alcohol was out of reckoning. At later periods of life alcoholic and non-alcoholic were equally liable to infection. The prognosis in each of these varieties might be influenced but not the susceptibility to the disease. Cholera did not prevail in the western areas where alcohol was used.

Dr. H. M. CHURCH spoke regarding the use of alcohol in children. Frequently the physician did not know when to give or when to withhold alcohol in certain ailments of children. His plan was to give small doses and watch the results with the finger on the pulse.

After Dr. P. A. YOUNG and Dr. D. A. WELSH had spoken,

Dr. CLAUD KER said that in diphtheria he used alcohol as a routine and he had noted that when alcohol was not employed in such cases heart failure more frequently occurred. He asked if they were not to give alcohol or strychnine what were they to give in such cases?

Professor FRASER, in reply, said that there was a crowd of other cases besides infectious ones where alcohol was of the greatest use. Alcohol required no previous digestion and was absorbed at once, and also exerted its influence immediately. Strychnine, digitalis, and strophanthus acted slowly, and in all probability the patient would be dead before they began to act. His contention was that alcohol was a beneficial medicinal agent.

Professor SIMS WOODHEAD said that the strong point in the evening's argument was the admission of Professor Fraser that alcohol should be taken in medicinal doses and only for a brief period. He himself believed that alcohol should be used as a drug, and if alcohol was the only drug necessary then it must be used so as to get a definite result. When small amounts of alcohol were given there was a diminution in the number of leucocytes. Even in minute doses alcohol increased the susceptibility of the animal to infection. There was a rapid increase of energy after taking alcohol, but it was of the nature of an explosion and not of a useful nature. The antipyretic effect was often neutralised by the cumulative action of the poison of alcohol. As regards plague, Europeans were so differently situated and nourished that this might well be the explanation of the lowered case-mortality. By starving animals they could increase their susceptibility to infectious diseases. The taking of alcohol led to the easy production of rhythmical movements—they become automata. When alcohol was given in diphtheria, except in minimal doses, it greatly increased the liability to antitoxin rash.

DIPHTHERIA AT SHIREHAMPTON.—At the meeting of the Barton Regis (Bristol) Board of Guardians held on July 5th it was stated that 79 cases of diphtheria had occurred during the recent outbreak at Shirehampton and Avonmouth, and that there had been no fresh case since June 14th.

Reviews and Notices of Books.

Studies in Human and Comparative Pathology. By WOODS HUTCHINSON, A.M., M.D., Professor of Comparative Pathology and Embryology in the University of Buffalo. Edited by Dr. EDWARD LAKE. London: Henry J. Glaisher. 1901. Pp. 350. Price 12*s.* 6*d.*

RARELY have we perused a medical work with more pleasure that the one now before us. Not only is the matter contained therein most interesting and instructive, but the charming manner in which it is written is irresistible and rivets the attention of the reader. The study of comparative pathology, a science which owes so much to Mr. J. Bland-Sutton, is as yet scarcely past its infancy and consequently the records collected by those who have made it a special study are very valuable. The field which has to be covered is enormously wide, embracing at least the three distinct and usually separated provinces of morphology, veterinary medicine, and human pathology. Dr. Hutchinson has made excellent use of the opportunities afforded him whilst in this country by study at the Gardens of the Zoological Society of London.

The first chapter is headed "The Cell Republic and the Individuality of the Cell in Health and in Disease." A delightful account is given of the "solidarity and the *esprit de corps* that exist between all the body cells," or, more prosaically expressed, of the functions of the red and white blood corpuscles. In the second chapter the Diseases of the Alimentary Canal are considered. Dr. Hutchinson has seemingly an admiration for the simple stomach of the amœba; he describes it as "an impromptu, and can be improvised at a moment's notice on any part of the amœba's surface ..... absolutely simple as the device is, it has its advantages; if one part of the surface become 'dyspeptic,' a new one can be utilised." After careful consideration of such a convenient digestive apparatus he suggests: "Our boasted superiority to our ancestors sometimes brings penalties with it."

"Appendicitis" obviously claims attention in such a work as this and a most interesting account is given of the natural history of the vermiform appendix. The conclusion is arrived at that we have in the human appendix a structure which is not only ancestrally degenerate—intermediate, as it were, between the voluminous and well-nourished cæcum of our more herbivorous ancestors—but is also actually undergoing further atrophy during the life-time of the individual both before and after birth, and we should expect, therefore, upon morphological grounds to find it a point of least resistance in the food-tube and a frequent starting-point of inflammatory disturbances of every description, and such, of course, is its well-known surgical and medical history. As Dr. Hutchinson remarks there is no need to call in the aid of foreign bodies or concretions of any sort, fæcal or otherwise. Very interesting also is the chapter on the Lungs, their Morphology and Pathology. The peculiar vulnerability of the lungs to disease is discussed at length, and the author points out a distinctive and unvarying characteristic of the lung, as an organ, which marks it off from almost all other organs of the body as abruptly and as positively as does its marked liability to the attack of disease, and that is its extreme recentness. With the exception of the uterus and mammary glands there is no organ of the body which has not from five to 10 times the length of ancestral history that the lung has. It is argued, and we think justly, that the longer a given organ has performed its functions in an adequate and satisfactory manner the more likely it will be to continue to perform that function, undisturbed by any influences which may be brought to bear upon

it. We would willingly quote Dr. Hutchinson's own language further, but we have not space. His suggestions as to the predisposition of the lungs to tuberculous disease are lucid and powerful and afford most interesting reading.

The chapters on Tumours and Tuberculosis contain a vast amount of information and demonstrate the powers of observation and description possessed by the author. We can cordially recommend this volume and heartily congratulate Dr. Hutchinson on the result of his labours.

Purulent Nasal Discharges: their Diagnosis and Treatment. By HERBERT TILLEY, B.S., M.D. Lond., F.R.C.S. Eng., Surgeon to the Throat Hospital, Golden-square; Lecturer on Diseases of the Nose and Throat, London Post-Graduate College and Polyclinic. London: H. K. Lewis. 1901. Pp. 120. Price 4*s.*

DR. TILLEY says that no apology is necessary for the publication of a treatise on a special subject of such general importance as nasal suppuration, and with that we cordially agree. To the practitioner of general medicine in particular the subject is of the utmost importance, for, as Dr. Tilley points out, it is often that general malaise, if not a much more serious disturbance of the digestive functions, is due to the frequent ingestion of septic matter from the nose. In chronic empyema of the antrum, for example, the relief that is immediately given through correct diagnosis and treatment is almost magical, and the intelligent perusal of a work by such a careful observer as Dr. Tilley will do a considerable amount towards rendering the practitioner capable of giving this relief.

The subject-matter is classified under the following six headings: purulent nasal discharges met with in early infancy, discharges associated with the exanthemata and other acute infectious disorders, nasal manifestations of constitutional disease in the adult, pathological conditions of the nasal or post-nasal mucous membranes, foreign bodies in the nasal cavity, and disease of the trans-nasal accessory cavities.

In nasal syphilis Dr. Tilley advocates the practice of mercurial inunction, a line of treatment that receives wide support; but he does not allude to mercurial fumigation, a method that has given excellent results and one which, in view of the later ideas on the mode of action of mercury when used as inunctions, would suggest itself as being of considerable value in nasal syphilis. Dr. Tilley includes atrophic rhinitis in his book, and perhaps finds sufficient justification in the fact that some authorities opine that there is a distinct relationship between accessory sinus disease and atrophic rhinitis. Still, having introduced this disease, it would have been better to have described it more in detail. It is, however, to diseases of the accessory sinuses that Dr. Tilley chiefly directs his readers' attention, and he gives a detailed list of 16 cases of frontal sinus operation and alludes to 200 cases of antral disease that he has seen. Dr. Tilley's book is one which, as we have said, will be most useful, though he assumes, perhaps, at times that his readers have a wide knowledge of the subject.

Introduction to Medical Jurisprudence. By WILLIAM MCCALLIN, M.D., B.Ch. R.U.I., D.P.H. Camb., Barrister-at-Law. London: Baillière, Tindall, and Cox. 1901. 8vo. Pp. 160. Price 4*s.*

THIS work occupies a position between the large text-book on the one hand and the small examination cram-book on the other, and thus, though perhaps its scope of usefulness is but limited, it may be considered worth buying by most general practitioners, who do not often require a large work of reference on this subject. More than half the book is devoted to the essentials of medical jurisprudence, and the information is given in a concise, lawyer-like way with a minimum of comment by the author. The articles on Death, Post-mortem Examinations, Identity, Infanticide, Insanity, and Wills are thoroughly practical and useful, though they are all very short. The latter half of the book deals with Toxicology. Only the poisons that are most frequently fatal are described, and those are arranged very conveniently in alphabetical order, while at the end of the list is a table of doses of the usual remedies employed as antidotes. The general remarks which precede the description of the poisons are worth reading, containing as they do legal definitions of terms used in connexion with criminal poisoning and the essential points of the law relating to the sale of poisons. The brief articles on Food-poisoning and Ptomaines are too sketchy to be of much service, however, and it would be as well, too, if the author had given a little more information about edible and non-edible mushrooms. Having in mind the recent criminal trial in Paris known as the "Gouffé Murder Trial," in which the counsel for the accused, Gabrielle Bompard, urged that she was acting under the compulsion of the post-hypnotic suggestions of her paramour, we looked in vain for the opinions of Dr. McCallin on the bearing of hypnotic suggestion on medical jurisprudence.

Sooner or later English lawyers will have to face the question of how far hypnotism can be employed as a criminal agency. We think that the author might have mentioned hypnotic suggestion under several of his headings—notably under Rape and Assault. Dr. Luys in 1891 definitely declared that violations may certainly take place in the catalepsy induced by the hypnotist. Others than medical men are able to induce hypnotic sleep, and when the knowledge of this influence is more widespread there can be little doubt both that hypnotic suggestion will be used by unscrupulous persons and that malefactors will plead post-hypnotic influence as an excuse for their behaviour, just as many criminals now feign and plead insanity. Any medical man may one day find himself in court as an expert witness, and he would do well to be acquainted with the possibilities of injuries to the person committed while in that state of partial insensibility which we know as hypnotic sleep.

LIBRARY TABLE.

Materia Medica, Therapeutics, Medical Pharmacy, Prescription-writing, and Medical Latin. By WILLIAM SCHLEIF, Ph.G., M.D., Instructor in Pharmacy, University of Pennsylvania. London: Henry Kimpton. 1901. Pp. 354. 8vo. Price 7*s.* 6*d.*—This is a text-book on materia medica intended, we suppose, for American students of medicine; it contains "in a concise, definite, and assimilable form the essential knowledge required in the most complete college courses." There are no references in it to the British Pharmacopœia, and for this and other reasons the book will be found of no service to students preparing for examination in any university or college in the United Kingdom. Anxious as we are to do justice to the volume we cannot altogether congratulate the author on his arrangement of the subject-matter. There are the usual tables of doses, of poisons and their antidotes, of incompatibilities, and there is the usual instruction in prescription-writing. The remedies are arranged for description under headings indicating their most important therapeutic use, and thus we find under the heading "Alterative" such differing medicines as iodine, cod-liver oil, sarsaparilla, and colchicum. Only in a few cases is the method of laboratory preparation of a medicine described and the ingredients of even commonly-used pharmacological preparations are in many cases omitted altogether. Thus if we look up paregoric we find it, of course, under its American name of tinctura opii camphorata and we read that "it contains opium gr. ij. to ℥ ʒj. and a variety of other ingredients." To learn all about the therapeutics and pharmacology of, e.g., potassium and its salts it is necessary to consult

six different parts of the book. There are two indices given, one "general" and the other "therapeutic," but it would be better if there were but one, for the work of reference is not as simple as it should be. There are a few pages devoted to the teaching of practical anæsthesia, but the information here, as for the most part elsewhere in the book, is scrappy and incomplete. We regret that we cannot recommend the book to British medical men with any degree of confidence.

Manners for Girls. By Mrs. HUMPHRY ("Madge" of *Truth*), author of "Beauty Adorned," &c. London: T. Fisher Unwin. 1901. Pp. 139. Price 1*s.*—This is a little book on the purchase of which girls might do worse than expend 1*s.*, for it contains a number of useful hints in little matters of etiquette adapted to all sorts of occasions which might prove of much assistance to those about to embark in society. It is short, sensible, and to the point, and young girls might do well to read it because it hits off numerous situations which, without the exercise of a little promptitude and judgment, are occasionally apt to prove embarrassing.

Lip-Reading: What it Is and What it Does for the Partially Deaf. By ISABEL POLLOCK. London: Simpkin Marshall, and Co. 1901. Pp. 12. Price 6*d.*—Miss Pollock's intention in writing this pamphlet is to help in some small degree to arouse the outside world to practical interest in a process by which half the disabilities of the deaf person can be removed. She points out that the oral system of teaching the deaf, though well known in the educational world, has not received the smallest attention from the public, and she urges that this neglect should be rectified. Writing from personal experience Miss Pollock testifies to the incalculable benefit which she has derived from lip-reading. She lost the pain of being left out of social intercourse and the power of lip-reading brought "nothing short of a new life" to her. If they are able to lip-read deaf persons can not only share in the conversation around them, but can retain posts of responsibility and discharge the duties effectively, though quite unable to hear a word that is said. Nor is the art of lip-reading so difficult to acquire as is generally supposed; according to Miss Pollock anyone with ordinary ability and patience can acquire it in a few months. In these circumstances medical men will do well to bring the matter before any deaf patients they may have with perhaps greater insistence than they now employ.

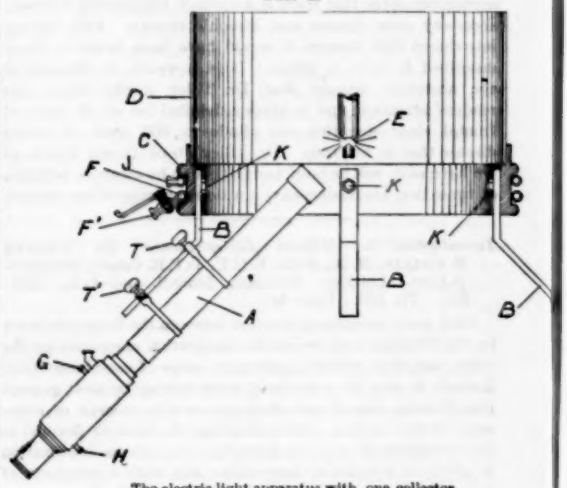
JOURNALS AND MAGAZINES.

The Journal of Physiology. Edited by Sir MICHAEL FOSTER, F.R.S., and J. N. LANGLEY, F.R.S. Vol. XXVI. No. 6. London: C. J. Clay and Sons. June 14th, 1901. Price 6*s.*—The articles contained in this number of the *Journal of Physiology* are the following: 1. The Conditions of Action of "Trypsin" on Fibrin, by H. M. Vernon, M.A., M.D.Oxon., Fellow of Magdalen College, Oxford; with two figures in the text. Dr. Vernon's experiments show that trypsin is very rapidly destroyed by sodium carbonate, an active extract kept at 38° C. with 0·4 per cent. Na_2CO_3 having about 65 per cent. of its ferment destroyed in an hour. 1 per cent. Na_2CO_3 destroys over 80 per cent. and pure water may destroy over 30 per cent. in the same space of time. The statement made by Schütz that the rate of digestion varies as the square root of the quantity of ferment present is confirmed by Dr. Vernon. 2. Intestinal Absorption of Maltose, by E. Waymouth Reid, Professor of Physiology in University College, Dundee. Professor Reid shows that in the normal gut the uptake of maltose and glucose is independent of the relative rates of diffusibility of these substances. 3. Transport of Fluid by certain Epithelia, by E. Waymouth Reid, Professor of Physiology in University College, Dundee, with seven figures in the text. 4. Observations upon the Chemistry and Heat-rigor Curves of Vertebrate Muscle, involuntary and voluntary, by Swale Vincent and Thomas Lewis, with 10 figures in the text; from the physiological laboratory, University College, Cardiff. 5. On the Presence of Nerve Fibres in the Cerebral Vessels, by William Hunter, M.B., C.M. Aberd., with two figures in the text. By *intra-vitam* injections of saturated aqueous solutions of methylene blue till the animal died the presence of a dense plexus around the vessels is demonstrated and the appearances presented are depicted in two wood-cuts. 6. The Conditions that Underlie the Peculiarities in the Behaviour of the Coloured Blood-corpuscles to Certain Substances, by G. N. Stewart, M.A., M.D., Cleveland, U.S.A. This article is the outcome of experiments made to determine whether the power of selecting certain substances by cells from surrounding liquids and of rejecting others depends upon the vitality of the corpuscles or upon a certain physical structure or chemical composition of the cell envelope or cell substance. The author attributes the power to the structure of the corpuscles in the case of the white corpuscles of the blood and in part to the nature of the envelope and not to their vital qualities. 7. The Colorimetric, Determination of Hæmoglobin, by John Haldane, M.D.Edin. F.R.S., with one figure in the text. The number also contains the Proceedings of the Physiological Society.

IMPROVEMENTS IN THE APPARATUS USED FOR THE TREATMENT OF LUPUS BY LIGHT RAYS.

THE remarkable results obtained in the light-ray treatment of lupus have naturally directed attention to the design of the apparatus with the view to its improvement in many important details and to increase its convenience of adaptation. Primarily the apparatus consisted of a series of lenses and water chambers through which the intense rays of the arc light travelled. The rays were thus not only focussed but separated—the light rays from the heat rays. The water chambers served to absorb the heat rays and the lenses to focus the light rays. One of the chief difficulties met with in the apparatus is that of providing, so to speak, absolutely water-tight compartments. Leakage was a constant source of trouble, and only the best construction is calculated to obviate the effects of contact with water constantly varying in temperature. Further, not only is leakage to be avoided, but the lenses ought to be easily removeable for the purpose of cleaning them. Now, however, that the importance of the treatment has been established

FIG. 1.

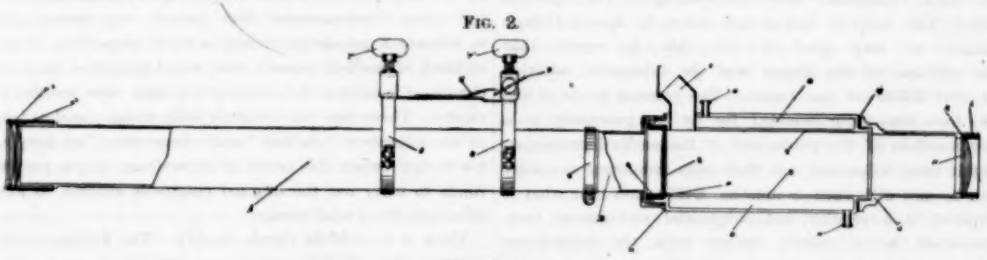


The electric light apparatus with one collector.

more attention has been paid to these points and an apparatus has been constructed, excellent both in workmanship and design, in which the structural defects just indicated no longer exist. The description of this improved apparatus will therefore be of interest.

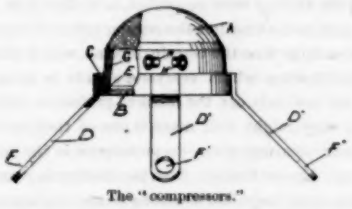
First of all, the arc lamp used is of the direct current type, taking from 50 to 80 ampères at 70 volts pressure and generating a light of approximately 30,000 candle-power. As will be seen in Fig. 1, the arc E is surrounded by a ring of metal, C, which is rigidly suspended from the ceiling of the building at a height of from six to seven feet from the floor. The lamp is shaded by a cylindrical hood D (Fig. 1). Four sets of crystal collecting lenses, one of which is shown in the figure (A) are mounted on brackets B, B, B, which are attached to the ring C and can be adjusted vertically by the bolt at K in order to place them in the best position for collecting the light. Outside the ring C are placed two pipes F, F' which provide for a system of circulation of cold water. In Fig. 2 the structure of the collecting tube will easily be seen. It contains four rock-crystal lenses. At the end nearest to the arc light are two lenses F, F in tubes which slide on to the body of the collector like a telescope cap which can be removed for cleaning. Lower down will be seen two clamps for attaching the apparatus to the brackets T, T' in Fig. 1. These brackets are so made as to allow of an adjustment by means of screws so that any irregularity in the burning of the lamp may be compensated for. Further adjustment may be made by means of the screw V which provides for deflecting the collector in the opposite plane (Fig. 2). In practice the adjustment screw T is the only one that needs attention—that is, after the apparatus has been set up and provided that the lamp is suspended firmly enough to prevent oscillation. Within the telescope tube A, Fig. 2, a draw tube B slides which can be fixed at any position by the clamp S which enables a focus of the light to be made and consequently the size of the image to be adjusted. This draw-tube carries a pair of rock crystal lenses G and H, and the space between these lenses is filled with distilled water to absorb the heat rays from the light, a tube

FIG. 2.



The collector.

FIG. 3.



The "compressors."

O with a hinge cap being provided for the purpose of filling. The greater portion of this absorption chamber is jacketed so that a constant stream of water may be kept up through the nozzles N, N and thus keep the absorption chamber cool. All the lenses can be removed for cleaning. The joints are perfectly water-tight, consisting of a rubber ring against which the lenses are gently but firmly pressed by means of a screw. The joints can at any time be renewed merely by the insertion of fresh rubber washers. This is one of the most important advantages of this apparatus. The next important part of the apparatus is the "compressors," as illustrated in Fig. 3. These consist of two rock crystal lenses with a space between them for the circulation of water. The lens B is parallel, while the outer one, A, is bull's-eye shape, the curve being adjusted to fit that portion of the body under treatment. The water is conveyed through the tubes represented at H, H. D, D, D are arms or handles which enable the operator to hold the compressors, without obstructing the view through the lens B. The compressors may be attached to the patient by elastic bands (Fig. 3). This piece of the apparatus is constructed in the same way as are the lenses in the tube—that is to say, the lenses may be easily removed and cleaned and the rubber washer may be easily replaced. In Fig. 4 will be seen a special form of compressor with holder for treating surfaces such as the cornea of the eye, but in ordinary practice the forms of compressors shown in Fig. 5 are found to be most useful (Figs. 4 and 5). The water circulation is established by drawing the supply from a tank situated at a considerably higher level than the apparatus from the tap F (Fig. 1), indiarubber connexions being made throughout for the water jacket. The water enters by the nozzle G (Fig. 1) and flows out of the nozzle H to one of the nozzles of the compressor. Thence it flows through the compressor to the exit pipe and thence to the waste-pipe.

This apparatus is admirably adapted for the purpose in view. It is free from the annoyance of leakage and is so designed that the lenses may be easily removed and cleaned, while adequate provision is made to give the apparatus stability and support during its application for treatment. We have inspected a type of this apparatus, which was under construction at the engineering works of Messrs. R. and J. Beck, Limited of 68, Cornhill, E.C., to whom we are indebted for the illustrations in the text. These instrument-makers have also designed an apparatus for use with the sun, consisting of a

FIG. 4.

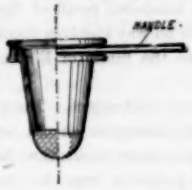


FIG. 5.

Various forms of compressors.

water-lens with a thin glass back and a curved front filled with a solution of methyl blue. This lens is suitably and strongly mounted and it may easily be cleaned. The compressors are the same as those which are used with the electric light apparatus. The crystal collectors cost £15 each and the ring containing the lamp with copper circulating pipes about half that amount, while the compressors cost about a guinea a-piece.

PREVENTION OF TUBERCULOSIS.—A meeting was held at the Guildhall, Gloucester, on July 2nd, under the presidency of the Mayor, for the promotion of the scheme to establish a free sanatorium for Gloucestershire, Somersetshire, and Wiltshire for the open-air treatment of consumption. Interesting addresses were delivered by Dr. R. Maguire (physician to the Brompton Hospital for Consumption) and Dr. L. A. Weatherly of Bath. The meeting passed resolutions in support of the project and for the appointment of a committee to advance its interests locally.

THE LANCET.

LONDON: SATURDAY, JULY 13, 1901.

Epsom College.

THE twenty-eighth festival dinner of the Royal Medical Benevolent College, Epsom, the report of the proceedings at which will be found in another column, was held on Tuesday night last at the Hotel Cecil. Every nerve had been strained by those responsible for the finance and management of the College to obtain from and through their guests a large accession of pecuniary support. The owners of some of the best-known names in medicine were present and in Lord ROSEBERY, the President of the College, an ideal chairman was forthcoming. The interest which THE LANCET has always taken in Epsom College makes us very glad to be able to report that the outcome of the dinner was the substantial addition of over £4000 to the funds. The pressing needs of the day have thus been provided for by the generosity of a few members of the public and of the medical profession, but it must be pointed out that only temporary necessity can be met with such a sum as £4000, and that what is required is a regular and substantial endowment commensurate to a certain extent with the expenditure necessitated by the foundation. Dr. HOLMAN, the treasurer of the College, and Mr. LAMB, the secretary, have year after year with unwearying energy striven to bring this fact before public attention, and as far as lay in our power we have assisted their efforts. Some measure of success has been attained by persistent struggle, but we wish our readers fully to understand that the handsome result of the collection made at the recent dinner in no way absolves them from the obligation of subscribing to the funds of Epsom College.

Epsom College was founded with a twofold object. There was to be a public school where the education should be as good as that provided in any secondary institution in the kingdom. Secondly, certain provision was to be made for a limited number of unfortunate medical men or their widows, while foundation scholarships were to be offered to the children of such medical men as were unable during their professional career to make provision for their families. This double aim of the institution has been found to involve the management in something of a dilemma, the difficulty of which has recently become more obvious than ever. It is expressed in the full title of the institution—the Royal Medical Benevolent College. Epsom College is a public school open to, and attended by, boys who generally go to an English public school; their parents are of the same class and have the same range of income. Therefore it militates against the interests of the school to be labeled "medical" or "benevolent." The parent who pays full fees for his children because he can afford to do so does not care to have it appear that he is educating them with the assistance of charity. The parent, again, who does not belong to our profession sees no inducement in the word "medical" to send his children to Epsom College. For which reasons it is clear that the adjectives "medical" and "benevolent," as Lord ROSEBERY said in his capable and sympathetic address, would be better out of the title of the institution. They are cumbrous, they are not wholly accurate, and they do not serve the best interests of the school. But, and it is a large but, Epsom College has a very valuable and delicate trust to discharge. The kernel of the founder's idea was to benefit the medical profession, and no alteration in the title or the working of the College can be sanctioned, with fairness to PROPERT or the medical profession, which might endanger his great design. PROPERT was profoundly moved by the fact that a very large proportion of medical men, carrying their lives in their hands as literally as does the soldier on the battlefield, are struck down before they can make adequate provision for their families. He desired to shelter some of the unfortunate widows, to give peace to the last days of a few luckless professional brethren for whom circumstances had proved too strong, and to educate a proportion, if only a small proportion, of the children of medical parents who would otherwise have no chance of receiving the training that they were entitled to expect. These were the founder's noble wishes; and as long as the adjectives "medical" and "benevolent," by keeping his design before the minds of subscribers, help to provide funds to carry out the original charitable scheme so long those adjectives must remain.

There is a perfectly simple remedy. The College, under a recent Act of Parliament, possesses the power to alter its name to Epsom College, and the authorities will make this change directly they know that their pecuniary support is so large and so certain that the interests of those whom it was designed to benefit charitably are safe. We do not think that the £50,000 which the treasurer in an admirably clear speech asked to have given to him is likely to be forthcoming in the lump. Many less worthy objects have been munificently endowed in this way, but we see no grounds for taking a more sanguine view at the present moment. It is increased income to which Epsom College must look. If the College were supported, as it should be, by every medical man in the kingdom the regular influx of subscriptions would be so large that the certain income would allow of the titular modification which everyone admits is almost necessary. And not only can the medical profession help by subscribing; they might well make it one of their duties—nay, one of their pleasures even—to proselytise in the interests of the College. Epsom College, from the charitable point of view, has claims upon the public as strong as are its claims upon the medical profession. Ours is not a well-paid calling and the social conditions of medical life make it almost impossible for the medical man to save from the beginning of his career. There are circumstances in medical practice—we refer particularly to general practice—which make it almost necessary for the medical man to be married when young, yet many cannot expect success until middle age is reached. If death should occur before success comes, what provision can the bread-winner make for his family save a small life insurance? None. This is a fact which might well be brought by all

our readers before their patients. It is a gratifying truth that we sometimes meet with sufferers who are ready to recognise that the ministrations which they have experienced are not really paid for by discharge of a bill. They are willing to see that medical service is not simply trading and that the intimate relations between the sick and the medical attendant are not just those of employer and employed. Every opportunity might well be taken to point out to these just persons that to endow Epsom College is a particularly apt manner of wiping out a debt to which no formal claim is made but which their own consciences press upon them. We own that we should like to see the medical profession at large sturdy beggars in the interests of Epsom College.

Stocks and Crossman v. Watson.

THE above action was tried in the King's Bench Division of the High Court, before Mr. Justice BRUCE and a special jury, on June 26th. It was originally a claim for payment of account for professional services rendered by the plaintiffs to the defendant—a licensed victualler—and members of his family. In the ordinary way the hearing would have taken place at Wandsworth County Court, but the defendant, in addition to disputing the claim, counterclaimed for damages (£250) on the ground that one of the plaintiffs—Mr. F. STOCKS—had not treated him with ordinary care and skill; and consequently, pursuant to the Judicature Act, 1873, Section 99, it was ordered that the action should be transferred to the High Court of Justice on the ground that the defence or counter-claim of the defendant involved matter beyond the jurisdiction of the county court.

On Sept. 28th, 1900, the defendant Mr. WATSON met with a bicycle accident, and besides other injuries he sustained damage to his shoulder. Mr. STOCKS was called in on the same day and, according to his evidence, he made the ordinary examination for dislocation of the shoulder-joint but failed to detect evidence of luxation. Some time in December Mr. STOCKS found that the joint was dislocated, and he made an ineffectual attempt to reduce it. He did not consider it advisable in the defendant's state of health to give an anæsthetic, and in this he was supported by the judgment of Mr. H. H. CLUTTON who examined the patient on Jan. 4th, 1901. Both Mr. CLUTTON and Mr. VICTOR HORSLEY, who were called for the plaintiffs, were of opinion that if Mr. STOCKS at the first examined the defendant in the manner he described he must have found the dislocation if there were one; that the injury to the shoulder might have predisposed it to dislocation; and that an injury subsequent to the bicycle accident, such as a fall out of bed or injudicious pulling at the arm by someone, might have produced it. On the question of the character of the examination made by Mr. STOCKS on Sept. 28th there was a direct conflict of evidence. The defendant and his wife said that the rotatory movement carried out by Mr. STOCKS was done whilst the defendant had a covert coat on. On the other hand Mr. STOCKS averred that he used the customary methods whilst his patient was stripped. It was admitted that as a consequence of the swelling on the days following the accident the diagnosis would be more difficult. The summing-up left nothing to be desired. The learned judge said that the main issue to be determined was: Did Mr. STOCKS use ordinary and reasonable care in his examination on Sept. 28th? Because if he did it seemed impossible that he could have failed to detect a dislocation if it existed. The jury replied in the affirmative. The verdict was thus in favour of the plaintiffs. As regards the counter-claim, costs would necessarily follow on the High Court scale, and on the direct claim of the plaintiffs the judge said that he would give a certificate. The action was taken into the High Court at the instance of the plaintiffs, although the amount sued for by them was less than £50 and thus within the limit for county-court actions. From the gravity of the issues involved it was clearly a case to be tried in the King's Bench.

It is well known that simple dislocations, and especially of the shoulder, are not always diagnosed at the time, but the exceptions are few and far between. A medical man of ordinary knowledge and attainments could scarcely with due care fail to detect a dislocation of the shoulder. The limitation of movement of the arm, the alteration in length, and the hollow tension of the deltoid are alone sufficient to determine the nature of the injury. As regards the value of the evidence given at the trial we may say, without in the least degree questioning the *bona fides* of the defendant and his witnesses, that a medical man would be more likely to recall accurately the nature of his examination and the conditions under which it was made. To have found for the defendant the jury must have come to the conclusion that they could not rely upon the testimony of Mr. STOCKS, and without that the corroborative testimony of Mr. CLUTTON and Mr. HORSLEY would have been of little avail. We entirely subscribe to the verdict and congratulate Mr. STOCKS on the vindication of his professional reputation, which, after all, was his chief aim.

The National Hospital for the Paralysed and Epileptic.

THE meeting of governors of the National Hospital for the Paralysed and Epileptic, Queen-square, which took place on Saturday, July 6th, adopted unanimously three resolutions calculated to render effective the findings of the report recently referred to in our columns.[1] By the first resolution the report was adopted; by the second resolution it was decided to appoint a committee to carry into effect the recommendations of the report; and by the third resolution the constitution of this committee was decided upon. It is to consist of nine members, four of these to be appointed by the committee of governors elected on March 23rd, three by the Board of Management, and two by the medical staff. We cannot help thinking that the medical staff has exercised too much forbearance in being satisfied with a smaller representation in this committee than the Board of Management. The staff has shown all through this unfortunate but most necessary controversy an interest in, and regard for, the best interests of the hospital and a knowledge of

[1] THE LANCET, June 29th, 1901, pp. 1837 and 1855.

its requirements to which the actions of the Board of Management have shown them to be quite strangers, and it would probably have been much to the advantage of the charity if the numbers of Board and staff representatives had been reversed. We are informed that even at the meeting of the Board specially convened to receive the report the necessary quorum could not be obtained and the meeting had to be adjourned; and at the meeting on Saturday last, at which the great majority of the staff was present, the Board was represented by the chairman and one other member, although it is true that two other members of the Board were present for a few minutes but left before the resolutions were carried. How the long-suffering governors of this institution regard such "slackness" on the part of their representatives we cannot tell. To most other people it looks like callous indifference to duty and an almost studied insult to the electorate.

It cannot be denied that the duty imposed upon the committee first appointed is a most onerous one. No one who has not carefully studied the wonderfully tortuous rules and by-laws which have gradually been imposed on this charity can be at all aware of their nature. They seem to have been skilfully framed to exclude the so-called governors from obtaining any effective voice in its management, and the alterations which will have to be made must be both numerous and radical. The abolition of the office of secretary-director, followed as it has been by the resignation of that official, and the admission of representatives of the medical staff to the Board of Management, which that body has already sanctioned, will no doubt do much towards a healthy reconstruction, but the committee, we venture to think, will find many things to abolish and many more to amend. If the statement made by the Chairman of the meeting held on July 6th is to be regarded as expressing the deliberate opinion of the Board, that body must be singularly obtuse to the censure conveyed in almost every line of the report, and in that case the committee may find in the representatives of the Board a solid body of resistance to even moderate proposals of reform. It is almost incredible that a member of the Board should have the effrontery, in face of a report which condemns the conduct of the hospital in almost every particular except the treatment of the patients for which the medical staff was responsible, to say that "the condition of the hospital was good and the management on the whole satisfactory." We do not wonder that an energetic protest was made on behalf of the medical staff against such a statement. What the members of the staff alleged in their original letter to the governors was quite the contrary of this, and the report of the commission shows them to have been right.

We can now only await the action of the committee. We trust that the effect of their revision of the rules and by-laws and of their careful study of the report may be to establish this useful charity on such a basis as to give everyone connected with it, whether in a medical or any other capacity, a pride and interest in it which will ensure for it a career of ever-increasing honour and usefulness.

Annotations.

"Ne quid nimis."

FASHION AND THE SUN.

THE alarming accounts of deaths from heat in New York, not, we are happy to think, entirely free from the exaggeration that spices most newspaper sensations as served up in America, have naturally aroused fears that this country would receive the heat-wave and furnish victims to an unusually high atmospheric temperature. In countries where great heat is regularly expected at certain seasons life is adjusted to meet the conditions. Business is abandoned in the hot hours; leisure, few clothes, sleep, and appropriate drinks reign in the place of affairs, which are relegated entirely to the cooler portions of the day. In England, because great heat is so occasional and because we are slow to change our customs, the inconveniences of a high temperature bring no attempt at alleviation. No changes are made in the hours of business and business men prefer to perspire and to fret beneath a silk "topper" and a frock coat, though they would prosper no less and be far more comfortable in flannels and a "straw." The learned professions show no wider sense of what is due to climatic changes. Clergymen, lawyers, and our own profession alike preserve the proprieties and in black coats sweat to their satisfaction. Women alone, whether guided by the instinct with which they are credited or by the reason in which they are commonly thought deficient, show men in this matter how suitably to adapt costume to climate and to remain cool, active, and comfortable, though the sun shine never so fiercely. Do men want to vaunt their superior physique that they make such a contrast between the heavy trammels of their own costume and the easy coolness of that of their wives and daughters? On one side a black coat, top hat, stiff shirt, and black boots; on the other a light bodice, open or with only lacing at the neck, soft cool skirts, open-work stockings, light shoes, and a parasol. No one doubts which looks better; is there any more hesitation in declaring which is healthier and better adapted to activity in a hot atmosphere? We do not suggest that Cornhill should quiver with parasols, or that the Stock Exchange should rustle with the flimsy skirts of hurrying brokers, but why should not light flannels and broad light straw hats be universally adopted in hot weather? Men would be better able to attend to their affairs and, a by no means unimportant point, would need far less to drink, for they would perspire less. Stiff shirts and stiff collars should be put away in hot weather. When they absorb perspiration they become ridiculous and when they preserve their rigidity they are unhygienic.

PROPOSED EPILEPTIC ASYLUM NEAR BLACKBURN.

AT the meeting of the Manchester Board of Guardians on June 26th, a communication was read from the Chorlton and Manchester Joint Asylum Committee pointing out that application had been made to the Local Government Board for their approval of the purchase of about 165 acres of land near Blackburn for £13,627, for the erection of an asylum for invalids and epileptics. Alderman McDougall said that after long seeking a suitable site had been found. The Local Government Board was anxious that the scheme should be proceeded with and the building would soon be commenced. It was the intention of the Joint Committee to place the imbeciles and epileptics in separate departments of the asylum. The chairman hoped that the Prestwich Union would join the scheme. Many sites had been inspected

but were unsuitable, and Alderman McDougall thought that they had been lucky to find one on the Manchester side of Preston. In commenting on this the *Manchester City News* says that the proposal should be considered with care and seems to think it hard that "the Joint Committee is solely responsible to the Local Government Board and that the ratepayers have only an influence when the mischief is done," also that the price per acre is more than double that asked for Heaton Park. The buildings, it thinks, will cost "anything up to £250,000," and "probably £10,000" will be required for annual maintenance. The number for whom provision is to be made is about 500, who are, as the paper says, "already being housed and tended in workhouses and asylums." Without concurring in the views just given—it being quite clear that increased provision is needed for these unfortunate people—some moderating influence might be well employed in distinguishing between what is necessary and reasonable in the estimates for such institutions, and what is unnecessary and extravagant. There is no doubt a delightful feeling of opulence among those who spend other people's money, the results of which may be seen in the furnishing of, e.g., some school board offices or the board-rooms of limited liability companies. It is evidently very difficult for persons in this position to resist the inclination to lavish expenditure, regardless of mere ratepayers or shareholders.

UNUSUAL SYMPTOMS OF A WOUND OF THE SPINAL CORD WITH PARTIAL RECOVERY AFTER OPERATION.

IN the June number of the *Journal of Nervous and Mental Diseases* Dr. Joseph Sailer records an interesting case of an injury to the spinal cord inflicted by a bullet during the Cuban war, and the result of operation three years later. The case is of interest in several respects—viz., as regards the presence of curious sensory phenomena and the results of operation. The patient was an officer in the Cuban army, aged 31 years, and he was wounded by a Mauser small-calibre bullet on Nov. 2nd, 1896. The bullet entered one centimetre to the left of the right nipple and passed out 2·5 centimetres to the left of the spinous process of the twelfth dorsal vertebra, having penetrated the lung, the liver, and the spinal cord. The wounds of entrance and exit healed in the course of a week without suppuration. The only serious results were those due to injury of the spinal cord. Immediately after the wound there were complete paraplegia and intense pain in the back, while there was loss of sensibility in the lower half of the body. Atrophy of the lower limbs followed and bed-sores developed over the sacrum, buttocks, and ankles. There were also severe paroxysmal pains in the thighs and lower portion of the abdomen. To relieve the pain the patient took morphia hypodermically and thus acquired the morphia habit. On May 3rd, 1898, he was admitted to the Presbyterian Hospital in Philadelphia in the following condition. There was some motility in the left leg as regards movements at the hip and knee. There was no movement at the ankle or of the toes, but a slight tremor developed in the toes upon effort. The knee-jerk was greatly exaggerated, but there was no ankle-clonus or plantar reflex. In the right leg there was slight flexion of the thigh, due to contraction of the ilio-psoas muscle and the only movement possible at the hip was slight adduction. The reflexes were abolished in the right leg which was totally anæsthetic below the upper third of the thigh. Just above this line there was a zone of hyperæsthesia, three inches broad, around the thigh. In the left leg there was total anæsthesia exactly to the same extent, but sensation was normal above that. In November, 1899, the patient began to suffer from lightning pains about the thighs and lower part of the abdomen. These were severe and did not respond to drugs, and as the patient was getting weaker laminectomy was performed. The arches of the tenth, eleventh, and twelfth dorsal and first lumbar vertebræ were removed, exposing about four inches of the spinal cord. The dura mater was found to be greatly thickened. It was opened and freed from adhesions to the pia mater in and about the lower part of the incision. About a pint of cerebro-spinal fluid escaped freely during the operation. The spinal cord appeared normal to inspection and palpation. The wound healed without trouble, but for the first four weeks the pains continued as before and were even somewhat intensified. Improvement followed after this as regards movements of the hips and knees, but the ankles and toes remained practically incapable of movement. There remained, however, a total anæsthesia over the sacral area and partial anæsthesia of the perineal region. Allochiria of the legs was discovered 39 days after the operation, while improvement was still in progress, and lasted only three days.

BLINDNESS DUE TO DRINKING BAY RUM AND OTHER LIQUIDS CONTAINING METHYL ALCOHOL.

AT the annual meeting of the American Medical Association held in June Dr. H. Moulton described the case of a man who drank bay rum and next day had an uneasy sensation about the eyes followed by vomiting. He suffered from dizziness, retching, and gastro-intestinal symptoms for two days after this. Vision became feeble, especially at dusk (hemeralopia), and ophthalmoscopic examination showed œdema of the optic papilla and retina. Finally total blindness ensued, the discs of the eyes now showing the appearance of optic atrophy. Dr. Moulton points out that similar symptoms may result from "Jamaica ginger"—a liquid preparation which contains about 95 per cent. of methyl alcohol. Dr. Ray of Louisville cited a case under his observation where blindness began on the second day after drinking methyl alcohol. There was œdema of the optic nerve and retina. Blindness ensued and lasted three or four weeks, when the power of vision gradually returned, central vision being the last to reappear. Dr. Woods of Baltimore described cases of blindness from Jamaica ginger which on inquiry was found to consist almost entirely of methyl alcohol in which the active principles of ginger were in solution. Dr. Wood of Chicago referred to an instance where several persons had partaken of the same liquid but only one suffered from the above after-effects. He pointed out that an idiosyncrasy may exist in some cases.

SEWAGE DISPOSAL AT BURNLEY.

A REPORT recently presented to the Highways and Sewage Committee of the County Borough of Burnley speaks strongly in favour of the bacteria bed system of sewage disposal lately adopted there. The result is of special interest in view of the fact that the staple industry of the town is cotton-weaving, and in addition there are also spinning mills, iron works, two dye works, and a tannery, the trade effluent from the two last-named being discharged into the sewers. Various chemical methods were tried, but without satisfactory results. Ultimately bacteria beds were adopted which proved a success both from the economical and hygienic point of view. In the report it is stated that from a careful perusal of the figures it is confidently felt that a very considerable saving is effected by the adoption of the system now in use as compared with that of chemical precipitation and land irrigation formerly practised at the Burnley sewage works. As to the effluent, it is stated, according to incubator tests made with the second contact-bed effluent, that the indications are that the purification was sufficiently complete to allow of the discharge of the effluent into any stream without fear of objectionable contamination. Fish placed in

this effluent thrived and since November last have presented a healthy and flourishing condition, although they were supplied with nothing but the effluent from one or other of the secondary beds. It is interesting to note in this report that although the temperature of the atmosphere fell as low as 19° F. on one occasion yet the temperature of the tank effluent and of the first contact-bed effluent and of the second contact-bed effluent did not fall below 45°. Of course, the microbic action taking place in these beds is accompanied by distinct evolution of heat and it is owing to this fact that the temperature of the beds, and consequently also of the effluents, is not affected by atmospheric changes to any sufficient extent to interfere with their efficient working or with the development and growth of the bacteria required for purification. The results of the whole scheme, in fact, are such as to lead to the belief that it will prove an efficient one, and that the treatment of the sewage of the borough will be carried out in a more satisfactory manner and with less cost by this system than it could be by any other which has come under the notice of those entrusted with the solution of the problem. With this sort of evidence coming to hand almost day by day the probability is that the disposal of sewage by chemical means will sooner or later be abandoned.

THE NEW FACTORY AND WORKSHOP BILL.

RUNNING through the Government Bill to Amend the Factory and Workshop Act there is a tendency to substitute the local for the central authority in respect to the control and the inspection necessary to carry out the provisions of the law. Whatever abstract arguments may be adduced in favour of local government, practical experience clearly shows that in respect of sanitary questions small local bodies elected by the ratepayers are not to be trusted. For example, what has been done to prevent the terrible pollution of the Irwell and other Lancashire rivers? If the law were applied this pollution would not occur. Its application, however, is entrusted to the local governing bodies, but the manufacturers, who are the principal transgressors against the law, dominate at the elections and therefore year after year pretexts are discovered for not applying the law. Any legislation which appears to interfere with a local industry is likely to be resisted by the authorities elected in that locality. It is true that such interference has often proved to the advantage of the industries in question. It has led to the utilisation of what were considered waste products, and by improving the health of the workpeople has resulted in an improvement of the work which they are able to perform. Nevertheless, such measures are generally at first strenuously resisted. Whatever immediate advantage exists is fully appreciated; those that may result from a change are considered problematical. Thus reform as a rule has to be enforced from without. According to Clause 11 of the present Bill the power to forbid the giving out of work to places injurious to health is taken from the factory inspectors and is handed over to the local authority. It is true that Mr. Ritchie has promised to add subsequently a clause providing that where a district council neglects its duty in respect to outwork and outworkers a Home Office inspector may interfere. But who will volunteer to call the attention of the Home Office to such neglect? And what delay this will entail. A local authority is not likely to encourage the exercise of a strict control over, and the occasional prosecution of, its largest ratepayers and most influential electors; yet they are not infrequently among the principal transgressors against the laws enacted for the preservation of public health. The factory inspector who was appointed by the Home Office could do his duty without troubling himself as to how the owners of the factories which he inspected would vote at the next local election. But if as proposed the factory inspector is henceforth to be appointed by the local authority he will soon find out that it is expedient not to offend influential electors. Such a change would be a decided step backwards. It is no use improving the law if the means taken for its application are to be rendered less efficacious.

MEDICAL EXCURSIONS TO GERMAN WATERING-PLACES.

As briefly mentioned in the letter of our Berlin correspondent, which will be found on p. 107, arrangements have now been completed for the making of annual excursions by parties of medical practitioners and students to the various watering-places and mineral springs of Germany and Austria. The excursions are organised by the Comité zur Veranstaltung Aerztlicher Studienreisen in Bade- und Kurorte, and the first of them will start from Hamburg in the last week of next September for a trip of 11 days' duration to various health-resorts on the coast and islands of the North Sea, eventually returning to Hamburg. The expenses of the whole tour (everything being included except wine) amount to £5. The names of intending excursionists must be sent by August 20th at latest to one of the honorary secretaries, Dr. W. H. Gilbert, Baden-Baden, and Dr. P. Meissner, Kurfürstenstrasse 81, Berlin, W., from either of whom every information may be obtained.

EARLY ITALIAN MEDICAL WORKS.

IN 1894 the Eleventh International Medical Congress was held at Rome and in 1898 there was an Italian exhibition held at Turin. At both of these meetings there was a special department illustrating the history of medicine. The various documents have now been carefully catalogued and in some instances reproduced in a carefully printed volume[1] edited by Signor Piero Giacosa. Much of the book is taken up with reprints of hitherto unpublished treatises by masters of the school of Salerno. Of these the Catholica Magistri Salerni contains some most interesting information. Thus we note that the Master says concerning a cold: "Coriza est opilatio narium cum reumate." Could anyone in fewer words describe better that most annoying of all complaints? The treatment, too, we are sure, will interest sufferers: "Suffumigetur de asa fetida, serapino vel opoponaco vel bombace vetustissimo accenso et extinto, vel de vino decoctionis malve, foliorum lauri, semine lini, fenugreci aut meliloti et olebani vel de ipso olebano posito sub carbone vel storace vel laudano vel quolibet panno involuto de amurca olei accenso ex extinto vel de cornu caprino similiter subfumigentur." Besides all these the patient can, if he likes, poultice his nose with an application made of ground-up beans and pig's gall, or, if he prefer it, with a cooked onion. It will be noted that many of the drugs for the "suffumigation" are aromatics and would have an antiseptic effect. There are among the other MSS. reproduced two treatises upon the baths of Puteoli. Both MSS. are in the Biblioteca Angelica at Rome. One is in prose and has no illustrations, the other is written in verse and adorned with illustrations of the various baths. Though the sentiments are unexceptionable, the poetry is not—e.g.:

> Inter opes rerum Deus est laudandum in illis,
> In quibus humane deficit artis opus.

The illustrations give views of the various baths. We should note that Piero Giacosa's text is accompanied by a large portfolio of magnificent photogravures, reproductions of pages of MSS., illuminations, and the like. The illustrated MS. in the Angelica library is said to be of the thirteenth

[1] Piero Giacosa: Magistri Salernitani Nondum Editi. Torino: Fratelli Bocca. 1901.

century, and a similar one of the same date, also in verse, was recently purchased at the Ashburnham sale by Mr. J. Leighton of Brewer-street, W., who very kindly permitted us to compare the illustrations in his MS. with those reproduced in Signor Giacosa's work. They are practically the same, although there is a slight difference in the details. The Angelica MS. apparently deals only with the baths of Puteoli. The MS. in Mr. Leighton's possession gives the "Nomina et Virtutes Balnearum Puteoli et Bayarum." The following are the verses descriptive of Bath No. II.:—

De Balneo quod Sulphurata Dicitur.

Mollificat nervos lavacrum de sulphure dictum.
Cessat in hoc scabies infectaque membra novantur,
Impregnat steriles, capites stomachique dolores
Destruit; et lacrimas in lumine stringit aquosas.
Ad vomitum prodest, oculos bene reddit acutos,
Flegmata dissolvit, febrem cum frigore tollit
Praesertim si prevenat purgatio. Thermas
Intrabis securus aquas, nam corpora pura
Quum semel accipiunt servant sine labe salutem,
Inspirant quocunque modo, non balnea culpes
Affectum virtutis ama; nam saepe videmus
Quod fugiunt nares fugat hoc a corpore morbos.

In conclusion we must congratulate both Signor Giacosa and the publishers upon the production of a most interesting book.

THE PATHOLOGY OF GENIUS.

IN the July number of the *Popular Science Monthly* Mr. Havelock Ellis continues his series of papers upon British Genius. The article now before us deals with the pathology of genius, and Mr. Ellis has collected some interesting facts. Out of 322 cases where he has been able to ascertain accurately, or nearly accurately, the cause of death, lesions of the brain occurred 35 times and pulmonary tuberculosis, including the somewhat doubtful case of Purcell, 30 times. Other forms of lung disease are only mentioned 15 times and of these nine deal with asthma. This, however, Mr. Havelock Ellis rightly points out is probably spasmodic asthma which is in no sense a true pulmonary disease. Gout is mentioned 38 times, and the gouty geniuses were very remarkable. A disease which can claim for its victims such men as Milton, Harvey, Sydenham, Newton, Johnson, Savage Landor, W. R. Hamilton, and Darwin is, indeed, a very Cæsar amongst diseases. Mr. Havelock Ellis propounds a somewhat ingenious theory as to the concordance of gout with genius. The gouty man views the world with, as it were, two different brains. When uric acid is circulating in his blood he is gloomy and introspective. When the acid is deposited in his joints his brain becomes abnormally clear. He thus exhibits well-marked mental periodicity. Gout, however, must not be considered the cause of genius, but given a highly endowed organism the gouty poison acts as a stimulus. As for insanity, of 902 eminent persons some 5 per cent. were insane. Epilepsy is mentioned as having occurred in only two cases—Lord Herbert of Cherbury and Sir W. R. Hamilton. Other nervous or neurotic conditions are, however, fairly common. Many men of genius stuttered, many were singularly awkward in performing actions requiring muscular coördination, and many were "neurasthenic." In fact, Mr. Havelock Ellis's researches go to show that genius exists in persons highly charged with nervous energy, but the energy is ill-balanced and not equably distributed throughout the organism.

ANNUAL DINNER OF THE ASSOCIATION OF BRITISH POSTAL MEDICAL OFFICERS.

THE ninth annual dinner of the Association of British Postal Medical Officers was held on July 3rd at the Hôtel Métropole, London, Dr. J. Walton Browne (Belfast), the President, being in the chair. There was a large attendance of members and guests, including several Members of Parliament; Sir Robert Hunter, solicitor to the Post Office; Mr. E. P. W. Redford, secretary to the Post Office in Scotland; Mr. Baillie Gage, solicitor to the Post Office in Ireland; Sir William Mac Cormac, Sir Joseph Fayrer, Sir Dyce Duckworth, Sir James Crichton Browne, Dr. Tatham of the Registrar-General's Office, and Dr. James G. Glover. After the usual loyal and patriotic toasts had been given Dr. Henry Fitz-Gibbon proposed "The Board of Education and other State Departments." Sir George Kekewich, secretary to the Board of Education, in reply, said that the Cockerton judgment had left behind it a certain amount of chaos, and had made it difficult for an official of the Board to speak on the subject of education. Dr. Tatham also responded. Sir James Crichton Browne, in proposing "The Houses of Parliament," said that as medical men they were in favour of gradual and orderly development, and deprecated all violent changes, which were really acute diseases of the body politic and tended to degeneration. They thought the House of Lords might open its doors a little wider than it did, and that the House of Commons might endeavour to remedy its habitual malady, which had been termed "logo diarrhœa." Mr. Eugene Wason, M.P., responded. Sir Joseph Fayrer then proposed "The Royal Colleges of Physicians and Surgeons." Sir Dyce Duckworth (treasurer of the Royal College of Physicians of London) responded for that College. Sir William Mac Cormac (President of the Royal College of Surgeons of England) in his reply said that both Colleges maintained a high standard of professional education, and their examinations would bear comparison with those of any other institution. Sir Thomas Roe, M.P., proposed "The Postmaster-General, the Secretary, and other Executive Officers of the Post Office," to which Sir Robert Hunter and Mr. Edward Yeld replied. In the course of his remarks Sir Thomas Roe said that he was aware that medical officers felt that they had certain responsibilities in connexion with the hygienic condition of the premises occupied by workers whom they attended, and he trusted that it would not be necessary for either Parliament or any other body to interfere with the duties of the members of the association.[1] Sir John Leng, M.P., then proposed the toast of the evening, "The Association of British Postal Medical Officers," to which the Chairman replied.

THE LATE PROFESSOR JOHN HUGHES BENNETT.

ON July 20th a ceremony will take place at the University of Edinburgh which will be of interest to the friends, pupils, and admirers of the late Professor John Hughes Bennett. His daughter, Mrs. Cox, with the view of perpetuating his memory, has caused to be erected an experimental physiological laboratory, with theatre attached and all the accessories needful for modern teaching and research. This, along with a life-sized medallion in bronze of Hughes Bennett, is to be formally handed over to, and accepted by, the university authorities on July 20th. The public ceremony will be an eventful and impressive one, taking place in the McEwan Hall, on which occasion an address will be delivered by Sir J. Burdon Sanderson, Bart., when it is expected that all those interested in the late physician and teacher will attend.

THE DISTRIBUTION OF PLAGUE.

A TELEGRAM received at the Colonial Office on July 4th gives the following statistics of plague in the Cape Peninsula for the week ending June 29th. Fresh cases: European, 1; coloured persons, 3; Malays, 2; natives, 2; East Indians, 0; Chinese, 0; total for the week, 8. Corpses found: European, 1; Malay, 1; total 2. Deaths (including corpses found): European, 1; coloured person, 1; Malay, 1; total, 3.

[1] An annotation on the sanitary inspection of post-office buildings was published in THE LANCET of June 29th, 1901, p. 1840.

The total cases and deaths up to June 29th are are as follows: Europeans, 184 cases and 63 deaths; other nationalities (Asiatics and African natives), 538 cases and 284 deaths. Total up to June 29th, 722 cases and 347 deaths. The plague returns at Port Elizabeth for the week ending June 29th are as follows. Fresh cases: Europeans, 3; coloured person, 1; total, 4. Deaths, 0. The total cases and deaths up to June 29th are as follows: Europeans, 5 cases and 1 death; other nationalities (Asiatics and African natives), 13 cases and 8 deaths. The total cases of plague at all other places up to June 29th are as follows: Europeans, 4; coloured person, 1; natives, 4; total 9. On June 30th four cases of suspicious illness occurred in soldiers at Imvani station, midway between Cathcart and Queenstown in the Eastern Province, where an infected rat was found on June 25th, and a case of plague developed in an employé of the Railway Department on June 27th; otherwise the area of infection remains unchanged. Only nine cases have been reported from the whole of Egypt during the week ending June 30th. Eight of these cases have been reported from Zagazig, among which three deaths have occurred; one death out of hospital has occurred in Alexandria.

THE THAMES IN EFFERVESCENCE.

IT is sometimes said of a person of no particular promise or brilliancy that he will never "set the Thames on fire," or again, a similar expression is used for describing a chimerical and impossible scheme. Thus "You may as well attempt to set the Thames ablaze" is a frequent criticism and very often a perfectly just one. Portions of the Thames, however, have apparently been fired owing to the fact that oil in flames has been seen floating upon its surface, leaking away perhaps from a large oil store-house on fire on its bank or an oil-ship on its waters "well alight." But it is seldom that any part of the great historic waterway is seen to present the appearance of water in a rapid state of ebullition. We have known it as a babbling, but scarcely ever as a bubbling, stream. A bubbling turmoil of this kind, however, may just now be witnessed going on a little to the south of Charing-cross railway bridge. The phenomenon is very singular and calls to mind the natural effervescing springs which are so abundant in Germany, and particularly in the Rhine valley; indeed, the waters of the Rhine itself may at several points be seen to be bubbling violently with carbonic acid gas. It is not so with the Thames in the instance we are describing, for the effervescence is due to the air escaping from a caisson in which men are engaged excavating beneath the bed of the river for the purpose of constructing an electric railway tunnel. The bubbling indicates exactly where the work is proceeding. Sometimes it is near either bank, sometimes in mid-stream, and again in other places, altogether presenting a curious spectacle. It is enough to make the spectator shudder to think what would happen if at any moment the air pressure failed which keeps out the water, for if the pressure were relaxed the water would pour in. And so the sight of a copious stream of huge air-bubbles in the river on this occasion is a welcome one: it means that a superabundance of air exists and that they who labour beneath the bed of the stream may live.

WHAT SHALL WE DRINK?

THE hot days are upon us, when the tendency to thirst is considerably increased and the question may be profitably and appropriately discussed as to how it is best quenched. A perfectly safe answer, we know, would be, not with an alcoholic beverage, but that is only an evasive reply. The reproach is constantly hurled at the extreme temperance advocate that while he forbids wine and all other alcoholic beverages he has no substitute to suggest which can be regarded as possessing anything like the same degree of palatability. What temperance drink, for example, can equal a good cider, a well-brewed beer, not to mention a sound wine. The so-called temperance drinks, if not simply effervescing water are at their best washy concoctions, with a flavour it is true, but one not often pleasing. Then it is the fashion to make up a stock liquor and to charge it artificially with carbonic acid gas, and so instead of the good old-fashioned stone ginger-beer we encounter a perfectly clear decoction containing sometimes ginger and sometimes capsicum. Similarly lemonade is often merely a sugary solution of tartaric or citric acid into which carbonic acid gas is forced, the gas helping in no small measure to keep the composition of the beverage a mystery. Though these may be wholesome enough in their way they are respectively very inferior to brewed ginger-beer or to a lemon squash in which the juice of a fresh lemon is used. Brewed ginger-beer, however, is, strictly speaking, not non-alcoholic, though we doubt if it has ever been recorded that a person got intoxicated on it. In hot weather it is often forgotten that what we drink hot in the winter will afford excellent and wholesome beverages when iced in summer. Thus, iced weak tea and coffee, or even soups, are most refreshing, wholesome, and palatable. Then plain or aerated barley or oatmeal water with a little lemon is an excellent and very salutary beverage. Lime-juice moderately aerated may also be counted as a healthful hot-weather drink. But it is well to bear in mind that even innocent beverages like these can be easily partaken of to a harmful excess. Too much iced-water drinking often proves injurious. To sip rather than to drink should be the guiding principle when thirst is excessive and frequent, and at such times alcohol should be avoided, those beverages rather being chosen which have a cooling effect upon the system. Soda-and-milk is an excellent beverage taken in moderate quantities. Let it be remembered that thirst is a perfectly healthy manifestation and a demand which calls for a healthy answer.

STRUCTURAL IMPROVEMENTS AT THE LONDON HOSPITAL.

THE opening of the new Pathological Institute and the distribution of prizes to the students and the nursing probationers by Sir Henry E. Roscoe, Vice-Chancellor of the University of London, took place on July 10th. The new Pathological Institute has been erected by the House Committee to replace the old post-mortem room and mortuary. The institute consists of two post-mortem rooms with a complete set of laboratories for pathological anatomy, chemistry, and bacteriology in the floor above. Two rooms have been set apart for those who intend to undertake some serious research in pathological anatomy. The Hon. Sidney Holland, speaking on behalf of the Committee of the London Hospital and of the staff, invited Sir Henry Roscoe to declare as open for all time the Pathological Institute, the building of which was an attempt by the hospital authorities to recognise their responsibility to utilise all possible opportunities of helping future generations. Sir Henry Roscoe said that the pathological anatomist, unlike the chemist and physicist, must stand in the closest possible relation to hospital practice. His was the ultimate court of appeal for both physician and surgeon, and in order that his subject might advance he must have access to complete clinical records based on the most advanced knowledge of practical medicine. Moreover, from the nature of the material that occupied his attention the work of the pathological anatomist was intimately bound up with the work of the hospital. In every well-organised laboratory the workers, from the highest to the lowest, formed a family bound together by what might properly be termed the laboratory spirit. The true "laboratory" atmosphere was not that of masters and pupils, but rather

that of friends and co-workers; it did not strive after mutual admiration or gain, but it sprang from the knowledge that all who worked in union were united by a recognition of the value of ideas and of honest work. But in order that this true ideal of a laboratory for study and research might be realised mere buildings and equipments were insufficient. There must be at its head a master spirit who could infuse into all the workers his own enthusiasm; a laboratory worked on those lines was the most democratic institution in the world. A man who entered such an atmosphere was judged of by no fictitious attributes of position or power, but solely by his capacity for work and by his love of truth. Lord Lister, in a few words, expressed his approval of the institute and its object. In the course of the afternoon Dr. Stephen Mackenzie, Professor Clifford Allbutt, and Mr. Mansell Moullin also addressed those present. The distribution of prizes took place in the library of the Medical College, the proceedings exciting the greatest enthusiasm, especially on the part of the friends of the successful students and nursing probationers. Miss Kathleen S. Miller won the first prize among the nurses and was warmly congratulated by Sir Henry Roscoe.

THE usual breakfast given by the National Temperance League in connexion with the annual meetings of the British Medical Association will be held on Thursday morning, August 1st, at eight o'clock, in the Parish Room, St. James's-square, Cheltenham. Cards will be sent to any person desirous of attending who will communicate with Mr. John Turner Rae, secretary of the National Temperance League, 34, Paternoster-row, E.C.

H.R.H. PRINCESS LOUISE, DUCHESS OF ARGYLL, performed the opening ceremony at the Kensington Dispensary and Children's Hospital on Monday afternoon last. The addition of a children's ward to the Kensington Dispensary is generally felt in the neighbourhood to be a sound departure.

A GARDEN party was given at Guy's Hospital on July 10th on the occasion of the distribution of medals and prizes to the students by Lord James of Hereford. Mr. Cosmo Bonsor, the treasurer, mentioned that he had received a cheque for £1000 as a thank-offering from Lord Portman.

WE have received Vol. XXXVIII. of the Minutes of the General Medical Council and of its various committees and branch councils from Jan. 1st, 1901, to June 11th, 1901. There are also published with the Minutes 10 appendices comprising various reports and tables.

HER MAJESTY QUEEN ALEXANDRA has graciously intimated her intention of presenting certificates to the eighth and ninth thousand nurses who have joined the Royal National Pension Fund for Nurses, at Marlborough House on Friday next, July 19th.

THE sixtieth annual meeting of the Medico-Psychological Association of Great Britain and Ireland will be held in the medical school of the Queen's College, Cork, Ireland, on Thursday and Friday, July 25th and 26th, under the presidency of Dr. Oscar T. Woods.

THE Public Health Committee of the London County Council brought up at the last meeting of the Council a report containing certain valuable recommendations for restraining the sale of filthy ice-creams. The report was adopted by the Council.

DR. J. J. MARSH has been promoted from Honorary Associate of the Order of the Hospital of St. John of Jerusalem in England to Knight of Grace.

ROYAL MEDICAL BENEVOLENT COLLEGE, EPSOM.

THE twenty-eighth festival dinner of the Royal Medical Benevolent College, Epsom, was held in the Grand Hall of the Hotel Cecil on July 9th, when the Earl of Rosebery, K.G., President of the College, presided. During the course of the evening subscriptions amounting to £4127 were announced by the Treasurer, including 1000 guineas from an anonymous friend and 100 guineas from the Chairman.

After the loyal toasts had been honoured, Lord Rosebery proposed "Success to Epsom College," and in his prefatory remarks described the adjectives connected with the name of the College as being superabundant. As the president of the College he suggested that those adjectives should be left out of the title altogether and the institution called simply Epsom College, with the words "Royal Medical Foundation" as a sub-title. Incidentally, he remarked that he did not see why Epsom College should not rise to the level of Eton. As to the statistics of Epsom College, they were embodied in papers which were circulated among those present. The facts were these, that there was a foundation—he left out the pensioners from his consideration that night, he did not quite know how they became connected with Epsom College—there were 50 foundation scholars in Epsom College for whom exhibitions had to be found from some fund or other, and then there was a difference which had to be met from public funds for those who were sons of medical men and those who were not sons of medical men. That represented a sum of some £6000 a year. The fixed income of the establishment was not one-third of that and considerable reinforcements were required from outside. He took the greatest interest in the school and he had known some of the lads personally as they passed from the school. They could not see finer lads anywhere than they saw in Epsom College. He did not believe that anyone who was conversant with the position which those boys held could refrain from giving it their enthusiastic support. Considering the nature and conditions of the College, how closely it was allied to the medical profession, it was right to ask for a larger support from the public and the profession. From the profession perhaps first, but also from those who had benefited by it: "The devil was sick the devil a saint would be," but when the patient was well he was apt to forget to whom it was that he owed that he was well. They owed much to those who cured them, and in an indirect way by assisting the institution in whose aid they had met that evening, they could show in some measure their gratitude. Did they not all owe a debt which they could not estimate or limit to the medical profession? All professions and all callings had their pain, but of the medical profession alone, perhaps, of all secular professions it might be said that a man on his setting out to do his day's work knew that he could have no object but a beneficent object—to heal and to assuage pain, to combat, and with ultimate ill-success, the chill angel of death. This was a consideration, he thought, which comprehended all humanity in the debt to the medical profession—a profession equal to its duty, whether on the battlefield in South Africa or in the not less arduous task of combating disease at home. They pursued that duty only at the cost of their own lives. It was very easy to fancy that the medical profession was nothing but a brilliant and well-paid one; but when they came to think of the great number of medical graduates turned out every year, and that there were some 30,000 medical men in Great Britain, or perhaps outside of Great Britain just now, they could not but feel that the number of blanks in that profession must be out of all proportion to the number of prizes. The princes and the prizemen were at that dinner, but that was only a small percentage of the great number in the country and of the small practitioners in the towns who were at the beck and call of disease and pain by day and by night, at every hour, in every weather. It was a noble profession, but it was in many cases a profession of forlorn hopes. Those men, when they died, died as truly in the service of their country as many of the men who fell in

charge of batteries. They might leave behind them a wife whom they could not maintain, children whom they could not educate. It was for these children that they pleaded that night. There was one medical student—the worst physician, he believed, but the most famous medical student—who in the eighteenth century lay dying not far from there, and as he lay dying—it was an episode he could never forget—they gathered round and asked him, "Is your mind at ease?" The answer, in the words of Lord Macaulay, which had never been obliterated from his mind since he read them, was, "No, it is not." Those were the last recorded words of Oliver Goldsmith. They were the words of thousands who died with that feeling and who belonged to the great profession to which so many there belonged. He asked them to come that night to the assistance of Epsom College with the assurance that everything they gave would be well and worthily expended and that they would have done no better deed in their lives than by assisting to maintain that noble institution

Dr. Holman, the treasurer, in reply to the toast, said that he was quite unable to follow in the eloquent footsteps of Lord Rosebery, but he did not believe that there was a single word uttered by the chairman with which he himself did not completely concur. At the first dinner held after he became an officer of the College he had said that the public did not do their duty to medical men who ministered to their medical needs, and he still held that view. The adjectives attached to the name of the College, he thought, might well be omitted, and he might mention that in the last Act of Parliament which the Council obtained they took the opportunity of deleting the words "medical" and "benevolent" in the clauses of that Act. Epsom College was mainly built by John Propert and members of the medical profession, and Propert could scarcely do less than call a college "medical" which was built by the funds of medical men. With regard to the benevolent part, he had seen in his long life the enormous amount of misery amongst his profession, to relieve which in a very humble way Propert instituted the two classes of pensioners and foundation scholars. It went without saying that in the profession of medicine there must be failures which carried with them misery and suffering. Dr. Holman gave the case of a medical man who, in hastening to the succour of a burnt child, was himself burnt with lightning whilst crossing a wild heath in a storm as a case in which the bread-winner was untimely torn from his family which relied upon him for support, and made the story terribly vivid by detailing personal experiences of his own that might have ended in a like tragic manner. The idea in John Propert's mind, he continued, was not to form a class school but a mixed school—a form of education which he believed was the best. The needs of the school amounted to about £6000 a year, though the numbers varied considerably. Since he had been treasurer some £17,000 or £18,000 had been apportioned to foundation scholarships and pensionerships. To diminish in any way the amount of relief which had hitherto been afforded would result in incalculable misery. If those present and their friends would only make the position of the pensioners and foundation scholars secure the adjectives might go; but the difficulty which he had each year to meet the requirements convinced him that unless people had a *quid pro quo* they would not give the money. That was painful for him to say, but it was true. If the Council were provided with £50,000 they would wipe the whole thing out as regards benevolence altogether; but he did not feel justified in doing so without that security.

The toast of "The Chairman" was proposed by Dr. J. L. Propert, a son of the founder of Epsom College, in felicitous terms, his lordship's all-round qualities being insisted upon and reference in particular being made to his sporting successes.

Dr. Holman announced the donation of 1000 guineas from an anonymous friend who had been moved to generosity by Lord Rosebery's speech.

Lord Rosebery said that although the subject of the speech to which he was replying was necessarily a fascinating one to himself he would set limits to his egotism. He was anxious to remove the impression that might be created by Dr. Propert's allusions to his racing successes as to the character of the College over which he presided. He understood that during race meetings the boys were strictly confined to bounds.

A well-arranged evening was brought to a pleasant close by Lord Rosebery's humorous words.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.

AN extraordinary meeting of the Comitia was held on July 4th, Sir W. S. CHURCH, the President, being in the chair.

The PRESIDENT alluded to the cordial reception which was given to the delegates of the College at the recent conference held at Glasgow and announced amidst acclamation that the University of Glasgow had conferred upon him the degree of D.C.L. *honoris causâ*.

A report, dated May 6th, from a special committee of the two Colleges appointed to consider their financial position in relation to the laboratories was received and entered on the minutes, the proposer and seconder being Dr. T. T. WHIPHAM and Dr. W. CAYLEY. In relation to the above a communication from the secretary of the Royal College of Surgeons of England, dated June 21st, was read, reporting further proceedings of the Council on June 20th and forwarding a report of their Finance Committee, dated June 5th, making certain proposals for meeting the working expenses of the laboratories for another year.—Sir DYCE DUCKWORTH moved, and Dr. F. W. PAVY seconded, that thanks be returned to the Royal College of Surgeons for their generous offer.—Sir DYCE DUCKWORTH also moved that for another year, provided that the expenses be strictly limited to £1300, the Royal College of Physicians of London are prepared to bear their share as heretofore in carrying on the work of the laboratories.—Dr. ROSE BRADFORD seconded this motion, which was carried, and also suggested that the expenses of the workers in the laboratories should be defrayed by themselves.—Sir DYCE DUCKWORTH moved, and Dr. PAVY seconded, that a special joint committee of the two Colleges be appointed for carrying on the work of the laboratories.—Dr. NORMAN MOORE proposed, and Dr. W. H. ALLCHIN seconded, that Dr. Rose Bradford's name be added to the committee.—This was carried.

A report, dated June 7th, of the Laboratories Committee was adopted.

The Committee of Management presented a report, dated June 10th.—Dr. NORMAN MOORE proposed, and Dr. S. MACKENZIE seconded, that the proposed regulation that the teaching of the administration of anæsthetics to all candidates for the diplomas of L.R.C.P. and M.R.C.S. be referred back to the committee.—This was carried.

A communication was received from the Dublin Sanitary Association suggesting the transfer of pneumonia from the respiratory to the zymotic class in the "Nomenclature of Diseases," with letters from the Registrar-General for Ireland and the Royal College of Physicians of Ireland.—Dr. J. F. PAYNE moved, and Dr. THEODORE WILLIAMS seconded, that the question be deferred for discussion until the new edition of the "Nomenclature of Diseases" was in preparation when the matter should receive the serious consideration of the College.—This was carried.

The REGISTRAR moved that the amendment of the by-laws, in conformity with the revised regulations of the Conjoint Board, adopted May 9th, 1901, should be re-enacted for the first time.—This was seconded by Dr. NORMAN MOORE and carried.—The result of this resolution is that in future proofs of registration by the General Medical Council will no longer be required of candidates for diplomas granted by the Conjoint Board.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

ELECTION OF PRESIDENT.

AT a meeting held on July 11th, Mr. H. G. HOWSE was elected President of the College, and Mr. T. R. JESSOP and Mr. HOWARD MARSH were elected Senior and Junior Vice-Presidents.

ANNUAL MEETING OF FELLOWS.

THE annual meeting of Fellows was called for July 4th, at 5.30 P.M., but no one expected that a quorum (30) would be obtained. The President, Sir WILLIAM MAC CORMAC, Bart.,

K.C.B., K.C.V.O., and the senior Vice-President, Mr. JOHN LANGTON, with the 16 Fellows who attended, waited for a quarter of an hour in vain.

The abstention of the Fellows is not surprising when it is remembered that there were no agenda and that no meeting had been held since 1897.

Some informal remarks were made suggesting a reduction in the number required for a quorum, but the President did not hold out any hopes of a change.

It is not improbable that the fixed meetings of Fellows will be abandoned, though meetings might be called when necessary.

ADDITIONS TO THE MUSEUM.

On Thursday, July 4th, and the following two days, the Conservator, Professor C. Stewart, F.R.S., exhibited in the Council-room the additions made to the museum during the previous year. When only personal voting for the Council existed this annual exhibition was visited by a large number of Fellows, but now that less than 20 Fellows vote personally the new specimens do not receive the attention that they deserve. There are many interesting pathological specimens, and among them may be specially mentioned a base of a skull which shows a bullet embedded in the body of the sphenoid; the patient survived the injury for many months, but suppuration ultimately occurred at the base of the brain and it proved fatal. There are two examples of excisions of joints which were performed many years ago; one exhibits the portions of bone excised from the elbow by Mr. John Tudor in 1857 and the other shows the excised lower end of the ilium removed by Sir James Grant in Canada in 1864. Mr. Thomas Bryant has presented some curious little elongated calculi removed from the bladder; they have formed on pubic hairs introduced in catheterisation. There is an excellent example of an ovarian pregnancy which was removed by Mr. H. Littlewood from a patient under the care of Mr. G. P. Anning. Mr. F. W. Collingwood has presented a curious native instrument for opening abscesses; it comes from Funafuti, one of the Ellice Islands, and consists of a shark's tooth fastened to a small rod. Mr. J. D. Malcolm has given a very fine dendritic renal calculus and Mr. Bryant a curious double calculus. In the physiological series there are numerous dissections of the muscles and organs of a hedgehog and of a three-toed sloth (Bradypus tridactylus). Three specimens show "Stewart's organs," which are internal branchiæ; the forms shown are Cidaris tribuloides, Diadema saxatile, and Asthenosoma hystrix. The nervous systems of many invertebrates have been most exquisitely dissected and an enlarged model and drawings have been made of the cerebral ganglia of a blackbeetle copied from originals constructed on a new plan by Mr. E. T. Newton who kindly lent them for the purpose. Brains from three gorillas, three orang-outangs, two chimpanzees, and three chiromys obtained from the Zoological Gardens are also exhibited and show the convolutions well. The life-history of a fish (Rhodeus amazus) is illustrated by a series of specimens. A number of Chinese skulls and skeletons have been obtained and are especially of value as the museum was deficient in this branch. Skulls from various Pacific islands are also shown.

ASYLUM REPORTS.

Leicestershire and Rutland Lunatic Asylum (Annual Report for 1900).—The average number of patients resident during the year was 488 and comprised 216 males and 272 females. The admissions during the year amounted to 107—viz., 36 males and 71 females. Of these, 94—viz., 31 males and 63 females—were first admissions. Mr. Rothsay C. Stewart, the medical superintendent, states in his report that 20 female patients are boarded out at the Wells Asylum and 18 at the Beverley Asylum. Of the admissions 23 were known to have had previous attacks of insanity and 34 cases showed some hereditary tendency. The number of epileptics was six and of general paralytics only two, the latter being the lowest number on record for years. During the year 34 patients—viz., 10 males and 24 females—were discharged as recovered, or 6·96 per cent. of the average number resident. The number of deaths during the year amounted to 49—viz., 25 males and 24 females, or 10·04 per cent., as calculated on the same basis. A male patient, admitted in a very exhausted condition, died on the evening of his admission. Amongst the deaths three were due to cerebral softening, two to pneumonia, four to epilepsy, five to general paralysis, six to senile decay, 10 to cardiac disease, and 10 to phthisis and other forms of tuberculosis. There were four accidents involving fractures of bones; three of these were due to accidental falls and one was the result of a violent kick from a patient. All these patients made good recoveries from their injuries. No inquest was held and there was no serious attempt at suicide. Mechanical restraint was not found necessary in a single case. Two male attendants were dismissed for insubordination; with these exceptions the conduct of the staff has been satisfactory. Several of the attendants were still out with their regiments in South Africa and their continued absence was sadly felt. The erection of a new asylum for the two counties had been decided upon and the detailed plans and sections of the buildings, prepared after consulting with, and receiving the consent of, the Commissioners in Lunacy, had been passed. The committee of visitors to the asylum state in their report that the profit derived from the farm and garden amounts to £353 3*s.* 8*d.*, which has to be deducted from the deficiency on maintenance account, leaving a net deficiency for the year of £721 9*s.* 7*d.*, as against a surplus of £23 13*s.* 7*d.* for the previous year. The average weekly cost of maintenance of patients during the year has been 9*s.* 4¼*d.*, as against 8*s.* 9¼*d.* for the previous year. The aggregate expenditure on building repairs for the year has been £1321 13*s.* The Commissioners in Lunacy state in their report that the wards were in good order and the rooms bright and cheerful. The behaviour of the patients was very tranquil and their dress was neat and varied. In the very favourable proportion of 90 per cent. of the deaths post-mortem examinations were made. The post-mortem books and case-books were kept carefully and with intelligence, and were illustrated by excellent photographs of the patients on admission and on discharge.

Public Health and Poor Law.

LOCAL GOVERNMENT BOARD.

REPORTS OF MEDICAL OFFICERS OF HEALTH.

Rhondda Urban District.—This is a rapidly increasing district, the population of which has risen from 88,351 in 1891 to 129,028 in 1900, and there are now only 19 towns in England and one in Wales with a larger population. The illegitimate births in the Rhondda during 1900 amounted to 24 per 1000 of the total births, and Mr. Herbert Jones remarks that in 1899, the year of the strike, there were fewer illegitimate births than in the previous year or in 1900. Among these illegitimate births the mortality was no less than 308 per 1000 in 1900, and probably even these figures do not convey a correct idea of the magnitude of the evil. In connexion with diphtheria Mr. Jones has shown that he is fully alive to the influence which animals may have in the spread of the disease by issuing a notice to poultry-keepers drawing attention to the symptoms of diphtheria in fowls and to the dangers arising therefrom. With respect to puerperal fever Mr. Jones is to be congratulated upon his vigorous measures. When a case of this disease is notified the nurse in attendance is sent to the hospital, her clothing is passed through the disinfector, and she is given a thorough bath. Special attention is paid to her hands and nails.

Borough of Finsbury (Western Division), Clerkenwell.—Dr. George Newman reports that during the last six years there have been 98 houses in Clerkenwell in each of which more than one case of phthisis has occurred; in some instances there have been several cases. The persistence of infected dust is, Dr. Newman thinks, the cause of the repeated invasion of certain houses, and as a consequence he has persuaded the Public Health Committee to adopt a system of voluntary notification of acute phthisis (cases with muco-purulent discharge or infective sputum from the lungs). The usual payment of 2*s.* 6*d.* is made for each notification and although it is perhaps too early to judge of the results Dr. Newman is so far satisfied that the measure is valuable. It

is to be hoped that at the forthcoming Congress on Tuberculosis this subject of the notification of pulmonary tuberculosis will be adequately discussed and that if there is an overwhelming opinion in favour of, or against, such a measure, that it will find expression in a formal resolution.

Belfast Urban District.—The Market Committee of the Belfast Corporation have recently visited certain abattoirs in England and on the Continent, and a report upon the expedition has now been presented. Visits were made to England, France, and Germany, but in the first-named country the attention of the committee appears to have been limited to the City of London Corporation Markets at Smithfield. The report describes the method adopted for dealing with the diseased meat seized at Smithfield. Such meat is steeped in a bath containing picric acid, and when sufficiently stained and coloured it is sold to a contractor who is apparently bound to destroy it. But upon this matter the report, without affording much information, states that the deputation is of opinion that there should be no handling of such meat by *anyone not under the direct supervision and authority of the corporation.* In Paris attention was mainly directed to the abattoir known as "La Villette," and plans, &c., thereof are furnished in the report. The deputation were much struck with the stamping of the meat, and they think that every corporation should adopt similar precautions. They do not, however, recommend that the Paris models should be followed, and they regard the arrangement for pig-slaughtering and singeing as very primitive; there are apparently no pig-singeing furnaces in use, the process adopted being to cover the carcasses with straw which on being ignited singes the pigs. The system used for the destruction of condemned meat is also, in the view of the deputation, very primitive. In the slaughtering of pigs Paris has, the report states, much to learn from Dublin. From Paris the deputation proceeded to Barmen in North Germany which is regarded as one of the best equipped abattoirs in Europe. They regarded the mechanical arrangements in the slaughtering-houses as eminently satisfactory, and they were much struck by Herr Koch's pig-killing apparatus which consists of a bolt which is driven into the skull of the pig and which is drawn back by means of a specially constructed lever. By this method all damage to the skull or soft parts is avoided, as also is the suffering which must attend prolonged slaughter by the knife. In the central Vieh-hof in Berlin the custom is to knock the pigs on the head with the back of an axe, and the result is that a comparative silence prevails in the abattoir. Diseased animals and slaughter-house refuse are destroyed in a double Podewil's apparatus, a full description of which is given in the report. Briefly stated the apparatus aims at utilising all the valuable ingredients of the carcass. The system by which meat of little value is offered for sale in the "Freibank" is of interest. Only meat which has been cooked can be there offered for sale, and hence there can be no likelihood of such meat being sold as thoroughly sound. In one of the several appendices to the volume before us an account is given of the municipal knacker yard in Hamburg, and Hartmann's meat steriliser, which is used for rendering unmarketable meat palatable, is described. As a result of these inspections the deputation made the following recommendations. 1. That the stamping of all meat before sale to the public shall be made compulsory. 2. That a veterinary surgeon shall be appointed to take charge of the inspection and stamping both of live animals in the market and of meat before sale. 3. That the condemned animals, carcasses, or meat shall not be removed from the abattoir under any pretence, but shall be retained and destroyed by a qualified staff in the employment of the corporation *only.* 4. That the system adopted for the treatment of condemned meat shall be that known as Podewil's. The cost of the necessary apparatus will not exceed £2000, as the buildings can be erected to suit the apparatus without any exceptional delay and will be capable of dealing with the probable quantity of condemned meat in the city for many years. We have given these recommendations in full because other corporations may be glad to know what Belfast proposes to do.

VITAL STATISTICS.

HEALTH OF ENGLISH TOWNS.

IN 33 of the largest English towns 6250 births and 3325 deaths were registered during the week ending July 6th. The annual rate of mortality in these towns, which had been 15·0 and 14·8 per 1000 in the two preceding weeks, rose again to 15·1 per 1000 last week. In London the death-rate was 14·4 per 1000, while it averaged 15·6 in the 32 large provincial towns. The lowest death-rates in these towns were 9·3 in Leicester, 10·7 in Burnley, 11·0 in Swansea, 11·3 in Derby, and 11·6 in Norwich; the highest rates were 19·3 in Gateshead and in Newcastle, 19·6 in Blackburn, 20·2 in Birkenhead, and 21·9 in Liverpool. The 3325 deaths in these towns last week included 431 which were referred to the principal zymotic diseases, against 357 and 399 in the two preceding weeks; of these, 157 resulted from diarrhœal diseases, 95 from measles, 63 from diphtheria, 62 from whooping-cough, 37 from scarlet fever, and 17 from "fever" (principally enteric). No death from any of these diseases was registered last week in Croydon, in Norwich, or in Halifax; in the other towns they caused the lowest death-rates in Swansea, Plymouth, and Preston, and the highest rates in West Ham, Portsmouth, Birkenhead, Liverpool, and Bolton. The greatest mortality from measles occurred in West Ham, Wolverhampton, and Birkenhead; from scarlet fever in Derby and in Blackburn; from whooping-cough in Bradford; and from diarrhœal diseases in Portsmouth, Birkenhead, Liverpool, Bolton, and Leeds. The mortality from "fever" showed no marked excess in any of the large towns. The 63 deaths from diphtheria in the 33 towns included 27 in London, seven in Leeds, four in Liverpool, and four in Manchester. No fatal case of small-pox was registered in any of the 33 towns last week; two small-pox patients were admitted into the Metropolitan Asylums hospitals during the week, and six remained under treatment on Saturday, July 6th. The number of scarlet fever patients in these hospitals and in the London Fever Hospital at the end of the week was 2895, against numbers increasing from 1522 to 2821 on the ten preceding Saturdays; 363 new cases were admitted during the week, against 323, 369, and 408 in the three preceding weeks. The deaths referred to diseases of the respiratory organs in London, which had declined from 240 to 141 in the five preceding weeks, rose again last week to 165, but were 46 below the corrected average. The causes of 28, or 0·9 per cent., of the deaths in the 33 towns were not certified, either by a registered medical practitioner or by a coroner. All the causes of death were duly certified in West Ham, Bristol, Manchester, Bradford, Leeds, Newcastle, and in 15 other smaller towns; the largest proportions of uncertified deaths were registered in Liverpool, Sheffield, and Gateshead.

HEALTH OF SCOTCH TOWNS.

The annual rate of mortality in the eight Scotch towns, which had been 18·6 and 17·3 per 1000 in the two preceding weeks, rose again to 19·0 per 1000 during the week ending July 6th, and showed an excess of 3·9 per 1000 over the mean rate during the same period in the 33 large English towns. The rates in the eight Scotch towns ranged from 6·3 in Perth and 15·1 in Dundee to 20·6 in Glasgow and 24·8 in Leith. The 606 deaths in these towns included 25 which were referred to measles, 25 to whooping-cough, 19 to diarrhœa, seven to scarlet fever, three to diphtheria, one to small-pox, and one to "fever." In all, 81 deaths resulted from these principal zymotic diseases last week, against 97 and 86 in the two preceding weeks. These 81 deaths were equal to an annual rate of 2·5 per 1000, which was 0·5 per 1000 above the zymotic death-rate last week in the 33 large English towns. The fatal cases of measles, which had been 25 in each of the two preceding weeks, were again 25 last week and included 16 in Glasgow, four in Dundee, two in Edinburgh, and two in Leith. The deaths from whooping-cough, which had been 44 and 30 in the two preceding weeks, further declined last week to 25, of which 12 were registered in Glasgow, four in Edinburgh, three in Dundee, three in Leith, and two in Paisley. The fatal cases of diarrhœa, which had been 17, 13, and 24 in the three preceding weeks, declined again to 19 last week, and included seven in Glasgow, four in Dundee, three in Leith, and three in Greenock. The deaths from scarlet fever, which had been eight and two in the two preceding weeks, rose again last week to seven, of which four occurred in Glasgow, where the three deaths from diphtheria and the fatal case of small-pox were also

recorded. The deaths referred to diseases of the respiratory organs in these towns, which had been 92 and 95 in the two preceding weeks, were again 95 last week, and showed an excess of 23 over the number in the corresponding period of last year. The causes of 24, or nearly 4 per cent., of the deaths in these eight towns last week were not certified.

HEALTH OF DUBLIN.

The annual rate of mortality in Dublin, which had been 20·2 and 18·2 per 1000 in the two preceding weeks, rose again to 20·7 during the week ending July 6th. During the past four weeks the death-rate has averaged 19·7 per 1000, the rates during the same period being 14·0 in London and 17·5 in Edinburgh. The 149 deaths of persons belonging to Dublin registered during the week under notice were 18 in excess of the number in the preceding week, and included seven which were referred to the principal zymotic diseases, against 10 and five in the two preceding weeks; of these three resulted from diphtheria, two from whooping-cough, one from "fever," and one from diarrhœa. These seven deaths were equal to an annual rate of 1·0 per 1000, the zymotic death-rate during the same period being 1·8 in London and 1·5 in Edinburgh. The three fatal cases of diphtheria showed an excess over the number recorded in any recent week. The deaths from whooping-cough, which had declined from five to two in the four preceding weeks, were again two last week. The 149 deaths in Dublin last week included 21 of children under one year of age and 41 of persons aged upwards of 60 years; the deaths of infants showed a slight decline, while those of elderly persons corresponded with the number in the preceding week. Eleven inquest cases and six deaths from violence were registered; and 58, or more than one-third, of the deaths occurred in public institutions. The causes of nine, or more than 6 per cent., of the deaths in Dublin last week were not certified.

THE SERVICES.

ROYAL NAVY MEDICAL SERVICE.

THE following appointments are notified:—Fleet Surgeon G. Kirker to Haslar Hospital. Staff Surgeons: F. J. Burns to the *Trafalgar* and R. W. Anderson to the *Andromache*. Surgeons: E. A. Shaw to the *Apollo*; C. T. Baxter to the *Repulse*; H. V. Wills to the *Niobe*; and P. T. Sutcliffe to the *Duke of Wellington*.

MILITIA MEDICAL STAFF CORPS.

Surgeon-Lieutenant W. Fletcher, D.S.O., to be Surgeon-Captain, and to remain seconded. The undermentioned officers are seconded for service with the Royal Army Medical Corps in South Africa:—Surgeon-Captain A. H. Benson and Surgeon-Lieutenant J. Clerke.

VOLUNTEER CORPS.

Rifle: 24th Middlesex: Surgeon-Captain A. Eddowes resigns his commission.

VOLUNTEER MEDICAL STAFF CORPS.

The Glasgow Companies:—To be Surgeon-Lieutenants: Samuel Macfarlane Sloan, Hugh Wright Thomson, and Archibald Young.

SOUTH AFRICAN WAR NOTES.

The transport *Montfort*, which went ashore on Hampstead Ledge, Newtown, Isle of Wight, on July 5th, and which was subsequently refloated, had on board, returning from South Africa, Civil Surgeons Hodge and Holt.

Major O'Callaghan, Major Hale, D.S.O., and Civil Surgeons A. Strange, H. Y. Taylor, and Boyd are on passage home.

MENTIONED IN DESPATCHES.

The *London Gazette* of July 9th contains a long despatch from Lord Kitchener in which the following officers are mentioned:—

In connexion with the action near Lombert's Bay, Cape Colony, March 1st, 1901, Captain L. J. Weatherbe, attached, Royal Army Medical Corps, medical officer, of Paget's Horse, is referred to as having rendered valuable service throughout the day. He took out an ambulance twice under heavy fire. Captain A. H. Sturdee, Victorian Imperial Regiment, medical officer at Middelwater, Cape Colony, on April 22nd, rode half a mile under fire to a donga near the enemy's position in which were some wounded men who needed medical aid. Lieutenant J. H. Patterson (medical officer) in an action near Rhenoster Kop on May 7th proceeded under fire to within 70 yards of the enemy in order to assist wounded men and remained under close fire for over two hours, and, though constantly shot at, continued to attend the wounded and remained behind with them when the patrol withdrew, though he was without red cross brassard.

DEATHS IN THE SERVICES.

Surgeon John Gallagher Corry, R.N., of H.M. cruiser *Niobe*, one of the ships of the Channel Squadron, on July 7th, from phthisis, at the Royal Naval Hospital, Stonehouse. Surgeon Corry, who received his medical education at Queen's College, Galway, and Edinburgh University, graduated M.B., B.Ch., and B.A.O. of the Royal University of Ireland in 1897. He entered the Royal Navy as a surgeon on May 23rd, 1898, and was appointed to the *Niobe* on April 23rd last. Surgeon Corry was only a few weeks ago replaced in the *Niobe* by Surgeon P. T. Sutcliffe in order that he might have the benefit of hospital treatment. The deceased was very popular amongst his brother officers and much regret is felt at his early death.

Fleet Surgeon Matthew Fletcher Ryan, R.N., retired, died suddenly at the Junior Army and Navy Club on July 5th from heart disease. He entered the service in 1868 and retired with the rank of Fleet Surgeon in 1898.

THE NEW NAVAL HOSPITAL AT KEYHAM.

Rapid progress in being made with the naval hospital attached to the Royal Naval Barracks at Keyham. The new building which, it is hoped, will be ready for occupation by January next, will provide accommodation for 40 patients. The hospital, which will be used solely by the medical staff at the general depôt, will greatly relieve the heavy demands made on the resources of the Royal Naval Hospital at Stonehouse.

Correspondence.

"Audi alteram partem."

VIRCHOW'S EIGHTIETH BIRTHDAY.

To the Editors of THE LANCET.

SIRS,—I learn from Professor Waldeyer that Virchow's eightieth birthday will be celebrated in Berlin on Saturday, Oct. 12th, when he will personally receive delegates with congratulatory addresses from various scientific bodies, foreign as well as German.

A preliminary notice of the intended celebration was given by Sir William Turner at the meeting of the General Medical Council last November to the representatives of the universities and medical corporations on that body; and if such of them as desire to be represented on the occasion will kindly send to me as soon as convenient the names of the delegates appointed I will communicate them to Professor Waldeyer who is the president of the executive committee. Further particulars as to arrangements will be furnished later. The insertion of this letter in your columns would oblige

Yours truly,

12, Park-crescent, Portland-place, W., July 6th, 1901. LISTER.

"UNBOILED *v.* BOILED MILK."

To the Editors of THE LANCET.

SIRS,—The kind and forcible criticisms which my letter has evoked and the substantial agreement with my views which other correspondents express, equally make it evident that in this question I have hit the nail on the head. From the interest shown in the subject it is clear, too, that the time has arrived for the profession to exert its influence in practice.

That epidemics arise from impure milk there can be no doubt, and that infants and children suffer from tainted and fermented milk is likewise certain. But this latter difficulty should be met by the sterilisation or boiling of the milk for infants during *the few hot days* we experience in this country, when milk is likely to become sour. It is the habitual use of sterilised and boiled milk, and *all that series of prepared*

milks which are similarly treated, which is answerable for such disastrous consequences.

When a man ofthe calibre of Dr. F. J. Smith, of great experience at the London Hospital in connexion with boiled milk in the East-end of London concurs with me who reside in the country it is not unreasonable to think that the arguments and assertions of my generous critics are refuted by this conjoint experience and the conclusion based thereon. I would only point out that the remedy for poisoned milk is not the increase of the evil by boiling, but the provision that the milk is issued safely to the public by a thorough organisation of the inspection of dairies and dairy cows with adequate penalties for failure. True, the dairyman is punished for diminishing the nutritive value of milk by adding water when a rare conviction can be secured; but this is insufficient. Ignorance, criminal carelessness, and fraud are practised in the sale of milk more extensively than in any other article of food. The trade is one of the most lucrative, as shown by the position of even small traders, so that it can well afford the compulsion of more intelligence, greater care, and stricter honesty. When the profound influence of purity in this universal article of food upon the physical vigour, and consequently the mental power, of the nation is considered the subject assumes an infinitely more serious aspect and demands the united and persistent action of the profession in securing legislative measures of a thoroughly searching and vigorous character. I am, Sirs, yours faithfully,

Rugby, July 8th, 1901. CLEMENT DUKES.

To the Editors of THE LANCET.

SIRS,—I am glad to see that such an able authority as Dr. Clement Dukes has taken up this question and that his experience leads him to advocate the use of unboiled milk. For a considerable time I have employed fresh unboiled milk in the feeding of infants. I was led to adopt this line of treatment because of two successive cases, one of scurvy and another of severe malnutrition, which occurred in my practice as the result of continuous feeding on boiled milk. Other cases I can now recall which I am satisfied were due to the regular employment of boiled milk. But although I have been ten years in practice I can recall no case of tuberculosis amongst infants and the larger proportion of my patients must have been brought up on unboiled milk. The fact is, that in my experience tuberculous disease of the glands and peritoneum in children is more frequent after the child has passed the purely milk stage.

The question arises, Why does boiled milk cause scurvy and other diseases of malnutrition? Dr. Corlette some 12 months ago gave it as his opinion (based on experimental and other evidence) that scurvy in infants was due to loss of citric acid in the boiled milk. He said that the disease could be cured by giving fresh milk, or lemon or orange juice, all of which contained citric acid. But scurvy can be cured by fresh vegetables which contain no trace of citric acid or allied body. The fact is, that boiling alters the whole composition and constitution of milk. The same may be said of pasteurising. Either process drives off the gases, the flavouring principle and the fats are changed and rendered less ready of digestion, the proteids are altered, and the salts in general are altered and become deposited in great part either on the bottom or on the sides of the vessel. In short, the whole nutritional value of the milk is changed. Instead of boiling the milk we should insist upon having it pure, and if we cannot have it pure then let us behead either the medical officer of health or the cowkeeper, for one or the other is guilty. I am, Sirs, yours faithfully,

Leeds, July 4th, 1901. GORDON SHARP.

To the Editors of THE LANCET.

SIRS,—There are three questions regarding milk about which differences of opinion exist and require definite settlement: 1. Is the nutritious quality of milk altered by boiling? 2. Is the tubercle bacillus, together with other disease germs, killed by boiling? 3. Is the milk of tuberculous cows a common cause of tuberculosis? In reply to the first question Dr. Corlette, connected with the department of pathological chemistry, University College, London, says: "Citric acid is present in fresh milk, notably diminished in sterilised, but less so in pasteurised milk. It is abundant in lime-juice. With this it is found that infantile scurvy does not occur under a sufficiency of fresh milk, does occur with sterilised, and does not, or very rarely so, with pasteurised milk." Dr. Kerr, late examiner in chemistry and medical jurisprudence, Aberdeen University, says: "The *chemical* result of boiling is to kill all the living cells and coagulate all the albuminoid constituents. Milk after boiling is thicker than it was before. The *physiological* results are that all the constituents of the milk must be digested before it can be absorbed into the system." Therefore there is a distinct loss of utility in the milk, because the living cells of fresh milk do not enter into the circulation direct as living protoplasm and build up the tissues direct as they would do in unboiled milk. In practice it will have been noticed by most medical practitioners that there is a very appreciable lowered vitality in infants fed on boiled milk.

The next point for consideration is, Are disease germs which may chance to be present in milk destroyed by boiling? Dr. Fayel stated some time ago in the *L'Année Médicale de Caen* that he did not believe the tubercle bacillus was destroyed by boiling, since experiments at the Physiological Institute showed that the degree of ebullition of milk never exceeds 100° C., whereas the tubercle bacillus is only killed at a temperature of from 110° C. to 115° C. Mr. Watson Cheyne, of King's College, said: The temperature necessary to kill bacteria depends upon whether they are in the adult or spore condition. In the spore condition in milk it would need somewhat prolonged exposure to a boiling temperature in a warm bath to destroy them, but when I worked with these things I found the only successful way was to boil for 10 or 15 minutes, on three successive days, thus giving the spores a chance of sprouting in the interval and catching them as adults. The last point is to whether the raw milk of tuberculous cows commonly produces tubercle in the human being by its regular use. Well, the veterinary department of the Board of Agriculture put forward the statement some time ago that the results of their experiments with the unboiled milk of tuberculous cows were entirely negative, and Dr. Vivian Poore's evidence on this point is certainly very striking, as is also that of Dr. Clement Dukes. The evidence on the other side will be awaited with interest, but it must be very strong to be convincing.—I am, Sirs, yours faithfully,

Bexhill-on-Sea, July 9th, 1901. F. P. ATKINSON.

To the Editors of THE LANCET.

SIRS,—The main objection which Dr. Dukes and others raise to the boiling or sterilising of milk appears to be that its nutritive value is greatly impaired by the process. Unfortunately, however, in three letters strongly condemning the practice no direct evidence of this diminished nutritive power is given, and the indirect evidence is most meagre and indefinite and only relates to boiled milk. In spite of this lack of direct evidence there appears to be a general consensus of opinion that milk may be so altered in the process of sterilisation as to lead to rickets or infantile scurvy in the consumer. If this is so it is important to learn something of the nature of the change and whether it is an essential part of the process of sterilisation or merely an accident which may be avoided. The chief dietetic cause of rickets is undoubtedly deficiency of fat, that of infantile scurvy some remote and little understood change in the food. While it is impossible to trace the effect of boiling on the antiscorbutic constituent of milk it is not difficult to see the effect produced on the fat and to suggest one connecting link between boiled milk and rickets. When milk is boiled in an open vessel the cream rises pretty rapidly and a large proportion of it becomes entangled in the skin which forms on the surface, thus being lost to the consumer. In addition to this the minute globules of fat coalesce into larger masses and are rendered less easy of absorption. These plain physical facts go far to explain the loss of nutritive power in boiled milk, but they form no essential part of the process of sterilisation. If milk is heated rapidly in covered vessels to a temperature just short of boiling point, the vessels then sealed and cooled rapidly from below upwards, this separation of the fat can be largely prevented and the milk retains much nutritive power that would otherwise be lost. At the same time, all the more dangerous organisms that are known to be commonly present in milk are destroyed. This process is simple and forms a reasonable compromise between boiling or complete sterilisation on the one hand and the use of raw milk on the other.

I have only seen one case of rickets which I could attribute to the use of boiled milk. I questioned the mother as to her methods and was informed that the milk

was boiled in an open pan, the skin which formed on the surface being taken off and thrown away. As by this means the child was being fed on skimmed milk the onset of rickets was not surprising. Is it not possible that many of the evils attributed to sterilised milk are really due to this unnecessary separation and rejection of the fat?

I am, Sirs, yours faithfully,

Prescot, July 9th, 1901. LEONARD YOUATT, M.B. Vict.

THE CASE OF THE LATE MR. R. B. ANDERSON.

To the Editors of THE LANCET.

SIRS,—We shall feel much obliged if you will give us your powerful aid in bringing before the medical profession and the public the following facts in connexion with the late Mr. R. B. Anderson, F.R.C.S. Eng., whose widow and two orphan sons are now living in Tobago and are in the most straitened circumstances. A strong representative committee—with power to add to their number—has been formed with the view of appealing for assistance to those members of the medical profession and of the public who knew and sympathised with the hard case of Mr. Anderson which aroused more interest and sympathy than any other professional case of recent years and raised a most vital point in medical ethics. Shortly, the history of this case is that after being for some time in attendance on a private patient in Tobago Mr. Anderson refused to continue his attendance owing to her husband's personal rudeness to himself. On this an action was brought against him by the patient and her husband, and Chief Justice Gorrie (of Trinidad and Tobago) gave damages against Mr. Anderson for neglect in retiring from the case, although the attendance of another medical man had been immediately secured and no injury to the patient was proved. Mr. Anderson resisted this judgment; excessive bail was demanded from him, and in default he was imprisoned and in the end ruined by this and other illegal acts of judicial oppression. Mr. Anderson then came to England, a committee was formed to assist him in carrying the West Indian judgments in appeal to the Privy Council, and Mr. Anderson in person brought an action before the late Lord Chief Justice Coleridge in the Queen's Bench for the recovery of damages against the colonial judges. An English special jury gave a general verdict in his favour with £500 against one of the judges (Chief Justice Gorrie having died just prior to the trial), but Lord Coleridge gave judgment for the judge against Mr. Anderson and the verdict in his favour on the ground that no civil action for damages would lie against judges for acts done in their judicial capacity. This judgment was confirmed on appeal, and from want of funds a further appeal to the House of Lords and the proposed colonial appeal to the Privy Council were rendered impossible. Finding his legal remedies unsuccessful, owing to the insufficient support which he received from the corporations and associations of the profession, Mr. Anderson began an active campaign of medical reform, by which means alone he saw any hope of proving the justice of his case and securing for the future the rights of the profession which were involved in his case, together with others which, in his opinion, required protection. His life terminated suddenly from heart disease, under pathetic circumstances, on Nov. 8th last, and our committee feel that many in the profession, as well as others, will be ready—whether or not they were in agreement with Mr. Anderson's views and methods—to respond to this appeal on behalf of his necessitous family. Donations "for the Late R. B. Anderson Fund" sent and made payable to the Manager, Union Bank of London, Chancery-lane, London, will be duly acknowledged and the amount subscribed will be dealt with as our committee, by resolution, may decide.

We are, Sirs, yours faithfully,

STAMFORD, Chairman.
TIMOTHY HOLMES, Honorary Secretary.

July, 1901.

Mr. W. Monnington, who is acting as secretary of the fund, announces the present list of subscriptions:—

	£	s.	d.		£	s.	d.
The Earl of Stamford (chairman)	10	0	0	Dr. Higham Hill	1	1	0
				Dr. Lorimer Hart	1	1	0
Mr. Timothy Holmes, F.R.C.S. (honorary treasurer)	5	0	0	Dr. Alfred Cox	1	1	0
				Dr. Wheeler O'Bryen ...	0	10	6
				Dr. Milner Browne ...	0	10	6
Mr. H. E. Juler, F.R.C.S.	2	2	0	Mr. Walter Monnington	1	1	0

THE CIVIL SURGEON AT THE WAR.

To the Editors of THE LANCET.

SIRS,—I received a letter from my husband yesterday from South Africa in which he asked me to ventilate in your columns certain grievances under which he, in common with all other civil surgeons, is labouring. When they sign a contract with the War Office which binds them to a year's service they are given a cheque for one month's salary and 90 days' field pay. As no allowance is made for uniform or camp outfit the whole of this money is swallowed up in providing these necessaries and the civil surgeon starts South African life practically in debt. He ranks as a captain. All other captains, nursing sisters, civilian veterinary surgeons, and officers of the line are given a colonial allowance. The civil surgeon has only a field allowance of 3*s.* 6*d.* a day, 1*s.* 6*d.* for his servant, and nothing more; whereas the above-mentioned officers receive the same field allowance, together with an extra 3*s.* per day as colonial allowance. My husband has to pay 4*s.* per day for mess, so that it will be easily seen that his field allowance does not cover his expenses. When one reflects that beer is 1*s.* 3*d.* a bottle and eggs 9*s.* 6*d.* a dozen not much margin is allowed for luxury. The wear-and-tear to clothes, too, is very great, and the civil surgeon who starts on "trek" with a field allowance of 3*s.* 6*d.* a day is likely to be a good deal out of pocket. Although my husband took up his duties at Aldershot on April 6th up to the date of writing he had not received one penny of his pay.

I am, Sirs, yours faithfully,

July 9th, 1901. E. L. P.

BRITISH MEDICAL MEN AND GERMAN WATERING-PLACES.

(FROM A CORRESPONDENT.)

BAD NAUHEIM has been visited within this last week by an association from England of about 32 medical men and one lady doctor who have gone the round of nearly all the German watering-places in order to be in a position to speak positively as to the properties of the various baths and waters after a personal examination on the spot.

They have been most handsomely entertained by the local medical men and the various district authorities in each centre. Many of them left England with a certain amount of scepticism and misgiving as to what had been said in the medical and lay press as to the various reputed properties of certain waters. I cannot help thinking that if visits of this kind were more frequently undertaken by medical men in the pursuit of science and knowledge it would tend to open our minds to a correct appreciation of the benefits to be derived from a visit to districts where Providence has placed within our reach waters containing certain salts and minerals which undoubtedly are of benefit to the human race when properly used under the direction and supervision of local medical men who have devoted themselves to the study of certain diseases and of the proper application of the waters externally in the form of baths and also internally in the form of table waters, and of waters taken in the early morning at the springs. The early rising so much practised at all watering-places, with a certain amount of exercise and attention to eating, drinking, and smoking, all tend to improvement in suitable cases.

The medical visitors arrived in Bad Nauheim on Wednesday evening, June 26th. On Thursday morning Dr. Schott met them at his private house and again at the baths in the forenoon. He explained to them the properties of the various springs and waters, the cases for which they proved so remarkably successful, and his reasons for believing in their virtues. On the same evening I had the pleasure of being one of those who met by invitation of Dr. Schott at his house. He gave us a very excellent address founded on his ripe experience of the effects of the sprudal waters of Nauheim on the motor and sensory nerves. He also laid great stress on the injurious effects of excess in cycling, football, running, rowing, and the abuse of tobacco—in fact, the serious effects on the heart from any serious and violent strain. The progressive and insidious character of the heart trouble when, without any previous ill-effects being observed, a sudden collapse takes place was insisted upon by him.

He explained the uses and mode of application of what is now known as the Schott method of exercises. He deprecated all mechanical aids as not being subject to proper supervision by a professional assistant. He then divided the party into groups of six in as many rooms where his own medical assistant and five or six other qualified masseurs gave practical demonstrations of the Schott method of exercises on the medical men present. The pulse was carefully noted by some of the other medical men and a comparison was drawn between the rate and the volume of the pulse when the exercise was properly and judiciously applied as against that when it was violently and jerkingly done. The medical visitors were invited to ask him any question in regard to anything and everything they had seen in the place. Many of them availed themselves of the opportunity. They expressed themselves as being very pleased with the demonstrations and grateful to Dr. Schott for giving up so much (about four hours) of his valuable time to explain and to instruct them in the chief uses and benefits to be derived from a visit to Bad Nauheim. I can only say for myself that after a sojourn here of about a month I have seen a great many cases of heart disease treated by Dr. Schott with most marked benefit and relief.

July 1st.

NOTES FROM INDIA.

(FROM OUR SPECIAL CORRESPONDENT.)

The Decline of the Plague.—Increase of Famine.—Precautions with regard to Drinking-water.

A GREAT drop took place in the plague mortality last week, only 829 deaths being recorded for the whole of India. The Bombay Presidency had 402 deaths, the Punjab 146, Bombay city 100, and Bengal 50. The outbreak has declined at Karachi, but more cases have occurred at Poona. The number of cases continues about the same in Calcutta.

The latest famine returns show an increase of 17,200 in British districts in Bombay and of 9500 in Bombay native States. There are now 483,870 persons on the lists, of whom 106,500 are receiving gratuitous relief.

It has been decided to roof in all drinking-water reservoirs connected with cantonments in India, and the work is to be taken in hand as funds become available.

June 15th.

The Plague Epidemic.—Medical Allowances and Fees.—The Training of Sanitary Inspectors.—The Malaria Scientific Commission.—The St. John Ambulance Association.—The Jails of Bengal.

THE downward course of the plague epidemic throughout India has suddenly stopped. During the past week 847 deaths have been recorded, as against 829 for the previous week, and small increases are reported in the Bombay Presidency, Calcutta, and the Punjab. On the other hand, Bombay city, Karachi, the Bengal districts, and Kashmir show a slight diminution. At Belgaum alone has there been any marked change and here there is recorded a rise from 153 to 176. During the corresponding week of last year there were only 319 deaths from plague throughout the whole of India. The health of Calcutta has markedly improved during the past few weeks and were it not for plague the death-rate would be below the average. The death-rate in Bombay city has also considerably improved.

A diminution of allowances to medical officers seems to be the order of the day. It is notified in the *Gazette of India* that the usual report to the Government is dispensed with in the case of medical officers attending native chiefs and gentry when the fee charged does not exceed 50 rupees a visit or 1000 rupees in the aggregate during the year. It is difficult to understand why legislation of this sort is imposed on the medical service. It will certainly tend to make the Indian Medical Service unpopular. Again, the Government of Bombay has sanctioned conveyance allowance of 25 rupees per mensem to military and medical officers specially deputed on plague duty, who are in consequence of such employment compelled to make use of a carriage or horse. This amount is usually granted to quite subordinate officers and would only cover half the expenses necessarily incurred. In the early days of plague duty in the Bombay Presidency 50 rupees a month were granted. Surely there is no reason why this allowance should be now made so small.

The training of sanitary inspectors is at last being taken up. Following the lead of Madras the Bombay Government has appointed a committee to prepare a scheme for carrying out a course of practical study in sanitary science. It will be adapted for students who have passed through the medical and engineering colleges.

The delegates of the Malaria Committee of the Royal Society, Dr. J. W. W. Stephens and Dr. S. R. Christophers, are about to investigate cases of blackwater fever which have been reported from the Duars and Sylhet and other malarious places in India. Dr. Christophers will first go to Mian Mir and Amritsar and work in coöperation with the medical officers of military cantonments against malaria. On the return of Captain James from China this scientific Commission will go to Darjeeling, Terai, and the Duars to investigate blackwater fever.

A native who was bitten by a jackal was sent to the Pasteur Institute at Kasauli. He went through the treatment and was discharged well. A portion of the brain of the jackal preserved in glycerine was sent to Kasauli and experiments were made with this on a rabbit with the result that the rabbit died from typical rabies.

The organisation of the work of the St. John Ambulance Association seems to be proceeding very rapidly. An influential committee has been formed in Bombay and a large staff of lecturers has been appointed. Steps will be immediately taken for the formation of several classes. At Simla also the work of the Association is being actively pushed. In Calcutta several classes have been already held and many others are in course of formation. The work in the Mofussil is also being organised and classes are to be formed at the principal stations.

A resolution of the Bengal Government on the report on the administration of the jail department for the year 1900 has just been issued. There has been a great increase in, and especially of short term, prisoners. The average convict population (excluding the sick) was 17,332. The mortality throughout the province was unusually high—the death-rate having risen from 23·4 to 40·3 per 1000. The report is silent as to the causes of this rise. The year was an unhealthy one and the higher price of grain is thought to have driven many of the poor and half starved to crime. The death-rate among prisoners less than six months in jail was 54·7 per 1000. Cholera again was prevalent and added to the mortality and was especially common amongst the "under-trial" prisoners. This disease alone caused a death-rate of 4·2 per 1000. Deaths from phthisis and pneumonia still continue to form a large proportion. Overcrowding and defective ventilation owing to the unusual number of convicts, which kept most of the jails filled almost to the limit of their capacity, are put down as the chief contributory causes. The recall to military duty of many officers left the charge to military assistant surgeons and native assistant surgeons. The jail report is conspicuous for its shortness and cardinal points in the administration of the department are noted to have escaped mention by the reporter.

June 20th.

LIVERPOOL.

(FROM OUR OWN CORRESPONDENT.)

The Liverpool University Question.

AT its meeting on July 3rd the City Council enthusiastically endorsed the movement of the governors of University College in favour of creating a University for Liverpool, some members strongly advising monetary support from the council should the project become an accomplished fact. Mr. Alderman Burgess proposed the following motion:—

That this council has observed with much satisfaction the growth and progress of University College, and in view of the fact that the college authorities are taking steps to procure the establishment of a separate university for Liverpool, records its opinion that it is desirable in the interests of higher education in the city that such a university should be founded.

The motion had derived additional interest from the attitude of the court of governors of the Victoria University, the meeting of which was held at Owens College, Manchester, on June 29th, and which was adverse to the aspirations of the governors of University College. Be that as it may, Liverpool has made up its mind to have a university of its own, and opponents in other places must only bow gracefully to the inevitable. Alderman Burgess, in a sympathetic speech in support of his motion, said that there

were some things so obviously for the public advantage that they did not admit of dispute, and a university for Liverpool was one of them. Anything which made the acquisition of knowledge more available and more attractive concerned the public. University College, when founded in 1881, began with six professors, five lecturers, and 45 students. In 1900 it had 25 professors, 40 lecturers, 490 science and art students, and 166 medical students, with 1000 others attending evening lectures and classes. The expenditure on the college had amounted to nearly £500,000. When they had the principal of University College declaring that it could not do all it was capable of doing until it stood alone, and when the council of the college was unanimous in its opinion that a university should be established in Liverpool, the City Council ought to help the institution to attain a position of still greater utility and distinction. Those associated with Victoria University who opposed the scheme knew nothing of the conditions and requirements of Liverpool. It was evident that the appointment by the court of Victoria University of a committee of 15, among whom were only four representatives of Liverpool, was not a satisfactory way of dealing with the question. A university in Liverpool would permeate the whole educational system of the city; and as Liverpool had a world-wide celebrity as a centre of commerce, why should it not be destined to have a world-wide influence as a centre of intellectual activity? The motion was warmly supported by Sir William Forwood, who said that during his visits to the United States he had been much impressed by the great work done there by the 60 universities in educating the masses. It was also pointed out that the success of the Scottish educational system and of the people themselves was largely due to the influence of their four universities. The motion was carried unanimously. Public opinion in Liverpool is practically unanimous in favour of the project which has been in the air for a considerable time.

The Birkenhead Guardians and the Lady Doctor Question.

The Birkenhead guardians have again found a difficulty in procuring a male resident medical officer for the Birkenhead workhouse. In THE LANCET of June 29th, p. 1865, the refusal of the guardians to sanction the appointment of a qualified lady to the post was commented upon. It now appears that the board's second advertisement inviting applications for the post from male candidates received no response from individuals of that sex. It thus became a matter of "Hobson's choice" with the guardians to elect one of the ladies who had previously applied. Miss Eva M'Call, M.B. Glasg., was thereupon appointed conditionally for 12 months at a salary of £120.

July 9th.

WALES AND WESTERN COUNTIES.

(FROM OUR OWN CORRESPONDENTS.)

Conviction under the Infectious Diseases (Notification) Act

AT the Merthyr Police-court an assistant to a colliery surgeon at Treharris was recently fined 10*s.* and ordered to pay the costs of the proceedings for neglecting to notify a case of scarlet fever which had occurred among his patients. The defence raised was that the case was a doubtful one and might have been German measles, although it was admitted that the parents of the patient were told that she was suffering from scarlet fever in order that extra care might be taken. In the course of the hearing before the stipendiary magistrate it was stated that it was the custom in the Merthyr district for the principal and not his assistant to notify all cases, whether he had seen them or not. This is by no means the universal practice in other colliery districts of South Wales, where the assistants very commonly notify cases which they see and, as a matter of course, receive the fees. Scarlet fever has been very prevalent in Merthyr during the whole year; in the first quarter there were 149 cases of the disease notified and in April and May there were 212 cases. The population of Merthyr at the last census was 69,227—an increase of about 10,000 upon the previous census.

Death under Chloroform.

On June 30th a death occurred at Barry during the administration of chloroform. A woman, aged 32 years, had miscarried during the previous week, and with the intention of clearing out the contents of the uterus the medical attendant, with the assistance of a colleague, placed the patient under chloroform. It was noticed that the breathing stopped in less than three minutes from the commencement of inhalation.

Swansea Poor-Law Appointments.

Upon the rearrangement of the medical appointments of the Swansea Union it was decided to appoint a medical officer for No. 1 district and for the workhouse at a salary of £450 per annum, and an assistant medical officer for the workhouse at a salary of £200 yearly. For the former post there were 24 candidates, and Dr. R. J. Lloyd Edwards has been appointed. For the position of assistant medical officer only two applications were received and these were subsequently withdrawn. The board of guardians has therefore decided again to advertise the post.

Society of Medical Officers of Health.

At the meeting of the West of England and South Wales Branch of the Incorporated Society of Medical Officers of Health, held at Taunton on July 4th, Dr. H. J. Alford called attention to certain defects in the Infectious Diseases (Notification) Act, especially as regards doubtful diagnosis and dual notification, and insisted upon the necessity for providing a sufficient number of observation wards in connexion with isolation hospitals. Mr. J. C. Heaven of Bristol was elected president of the branch for the ensuing year.

Death of Mr. R. C. Hunter, L.R.C.P. Edin., M.R.C.S. Eng., of Pontypridd.

By the death, on July 3rd, of Mr. Robert Charles Hunter the county of Glamorgan loses one of its most prominent medical practitioners. Mr. Hunter began to practise in Pontypridd early in the "sixties" when the colliery districts were being opened out. For many years he was surgeon to the Taff Vale Railway Company, and upon the passing of the Workmen's Compensation Act, 1897, he was appointed medical referee under the Act, a position which he retained only for a short time.

The Housing of Quarrymen.

Dr. Le Neve Foster, His Majesty's Principal Inspector of Mines, in his reports for the years 1886, 1888, and 1892 drew attention to the unsatisfactory manner in which the quarrymen of some of the Welsh slate mines were housed and he returns to the subject in his report for the year 1900. The men frequently sleep two in a bed upon straw and are covered with a single sheet which is rarely washed, and they eat, drink, and sleep in the same room. The manner in which the Italians who work in the Frongoch mines near Aberystwith are treated by their employers is very different, for each man has a separate bed and sleeps upon a woollen mattress on a spring mattress and the employers pay for the frequent washing of the bed-clothing. A separate room is also provided in which the men can take their meals. At the waterworks undertaking of the Birmingham Corporation the navvies sleep in separate cubicles, of which there are eight in one ward, and there are three wards in each hut. In connexion with the construction of several waterworks in Glamorgan the discarded broad-gauge carriages of the Great Western Railway Company have been converted into workmen's huts. When these are connected by corrugated iron roofing they adapt themselves very readily to the purpose of temporary lodging-houses, the compartments of the coaches becoming cubicles and the roofed-in spaces being used as kitchens and meal-rooms.

Brentry Homes for Inebriates.

At the meeting of the Somerset County Council held on July 1st it was reported that the authorities at the Brentry Homes found great difficulty arising from the character of the male patients sent to them. Out of 22 male patients at the home on June 17th two had absconded after first attempting a revolt, five were under orders to be sent to Cardiff Gaol, with the sanction of the Home Secretary, and several more were being removed, so that only six patients would remain. A meeting of the committee of the Homes was held on July 24th and the conclusion was arrived at that it was impossible for the Brentry homes to be carried on if they were obliged to admit male cases. The men were very riotous and some had served terms of penal servitude. The committee had written to the Home Secretary to see if some means could be adopted of meeting the difficulty by a grant of money or by some special warders being sent if the homes were required to continue to receive male patients.

University College of South Wales and Monmouthshire.

At a largely attended meeting of the court of governors

of the University College of South Wales and Monmouthshire, held on July 1st, it was decided that Lord Tredegar and Mr. Alfred Thomas should represent the court and Senate and should approach Dr. Isambard Owen with a view to his acceptance of the principalship of the College.

July 8th

IRELAND.

(FROM OUR OWN CORRESPONDENTS.)

The Notification of Tuberculosis.

AT a quarterly meeting of the Corporation of Dublin held on July 1st Mr. Bergin proposed that a report of the Public Health Committee should be adopted recommending, on the strength of Sir Charles Cameron's opinion, that tuberculosis should be added to the schedule of notifiable diseases as a tentative measure for 12 months. Sir Thomas Pile, in seconding the adoption of the report, said that the disease in question was one of the greatest scourges of the city and did far more injury than typhoid fever. After a long discussion the report was rejected by 40 votes to 19.

Catholic University Medical School.

At a meeting of the governing body held on July 8th a report from the medical faculty was read in which the great increase in the number of students which has taken place recently was dwelt upon. This increase—nearly 30 per cent.—places the medical school in the premier position as regards the number of its pupils among the schools of Ireland.

Health of Dublin.

At a meeting of the governors of the Cork-street Fever Hospital and Home of Recovery held on July 4th the registrar reported that the admissions during the month of June were numerous on account of the continued prevalence of scarlet fever, diphtheria, and pneumonia, while the number of enteric fever cases had decreased. The report of the Public Health Committee for the last week of June shows that a vast change for the better has recently taken place, the average death-rate for the month being only 19·5, as compared with figures between 30 and 40 registered during the winter and spring.

The Heat-wave in Belfast.

During the past 10 days an extraordinary heat-wave has been experienced in Belfast. Thursday, July 4th, was the hottest day, the temperature registering 77° F. in the commercial news-room of the city, this being the highest temperature ever recorded in that public room which has a northern aspect. The peculiarity of the weather is the very great heat at night. Of course, this weather is admirable for the country districts where hay-making and other farming occupations are in full swing.

The Health of the City of Belfast during 1900.

Dr. H. Whitaker, medical superintendent of the city of Belfast, has just issued his annual report for the year 1900. There were 7642 deaths from all causes during 1900, the number being less than in either of the preceding years. Of these 2899 were attributed to chest affections and 737 to zymotic diseases—making a total of 3636, or nearly one half of those registered as having died from all causes. As to the causes of death, of the other 4006 the medical officer of health regrets he has not the information to give. He knows nothing of where any deaths take place except from the Registrar-General's returns, which merely state that so many deaths occur in a certain district. Of the 2899 deaths reported from chest affections 1784 were attributed to diseases of the respiratory organs and 1115 to phthisis. Of the zymotic diseases, typhoid fever has occasioned the greatest mortality. 1777 cases were reported during the year and there were 261 deaths. Diarrhœa caused 241 deaths, whooping-cough 115, diphtheria 54, and measles 42. The deaths of infants under one year old per 1000 births were 152. The death-rate in Belfast from all causes was 21·3, that from zymotic disease being 2·1, and from chest affections 8·1, while the birth-rate was 31·2. The great blots on the health of Belfast are the terrible mortality from phthisis and the continued prevalence of typhoid fever. No attempt has yet been made to grapple with these two problems, as has been done in other cities and towns.

July 9th.

PARIS.

(FROM OUR OWN CORRESPONDENT.)

The Law as to the Practice of Pharmacy.

IN 1899 a Bill dealing with the practice of pharmacy was introduced into the Chamber of Deputies by M. Astier, M. Morel, M. Bernard, and M. Bachimond. The committee upon trade and industries is at present occupied in hearing evidence upon this Bill given by the various persons interested. Moreover, an opposition Bill has been introduced, backed by the superior schools of pharmacy, which proposes to introduce some important modifications. The chief one must be considered as the beginning of a campaign undertaken against proprietary medicines, a campaign originally initiated by a majority of retail pharmacists who some time back gave out that they were going to fight against proprietary articles. The law as at present declares that if a proprietary preparation is not in the Codex the label must contain the names of the active substances which go to make up the medicine. The Bill introduced by the schools of pharmacy demands that the label shall bear the name of every substance, active or not, which goes to make up the medicine. If this Bill is passed it will have a disastrous effect upon the manufacture of pharmaceutical specialities, for the essence of these consists in their having a particular mode of preparation, for the purpose of either making the medicine more agreeable to take or of bringing about some intricate chemical action, a matter which is jealously guarded by the maker, for in this way his preparation is better protected than by any amount of trade-marks. If the method of preparation has to be made public in every detail imitations of the best-known and most appreciated products will become common, and that industry which is so flourishing in France of making pharmaceutical specialities will be markedly affected. It is obvious that the pharmacists who are engineering this project have foreseen this result, for the prosperous condition of the wholesale manufacturers excites their jealousy, more especially as their own profits have been getting smaller. The retail pharmacists are only too ready to lay the responsibility for the present state of affairs at the doors of the medical profession, the members of which they say are too ignorant to write a prescription and so prefer simply to order some special preparation. On the other hand, the members of the medical profession say that the reason why they so often order special preparations is that many pharmacists only keep in their shops a very inferior quality of drugs so as to make bigger profits; so lest their patients should come across such a pharmacy they prefer to order a mixture of known composition and good quality. However, the lists are open and the discussion about to take place in the Chamber will show which of the two parties is to have the advantage.

The Electrical Treatment of Gonorrhœal Arthritis.

At the meeting of the Therapeutical Society held on June 26th M. Mathieu said that everybody knew how rebellious to ordinary treatment was gonorrhœal arthritis. M. Delherm, however, had been trying a new therapeutic treatment in M. Mathieu's wards—namely, electricity. He had found that gonorrhœal arthritis could be aborted in three or four days' time by means of electricity applied to the affected parts. The treatment was tried upon six patients with 13 joints acutely affected, some of which also showed periarticular swellings. M. Delherm used a battery worked by bisulphate of manganese or of mercury cells and large electrodes, sometimes made of clay, which were applied on either side of the affected joint. A current strong enough to pass through the joint was used, the intensity varying from 20 to 50 milliampères. The sittings lasted for 15 minutes, two being given on the first day and afterwards one per diem. The effects of this treatment were very remarkable. Appreciable benefit was noticed within three hours of the commencement of the treatment and was particularly marked on the following day. The patient had passed a good night and the pains were much less; the swelling had gone down and the joint had acquired increased mobility. In most cases a complete cure was obtained in from two to six sittings, but in one case 14 sittings were necessary. There was no after-stiffness of the joint or atrophy of the muscles, as is so frequently seen in gonorrhœal arthritis. The chief point of interest, however, was the rapidity of the cure. M.

Delherm also tried the interrupted current from a coil, but the results were very inferior to the constant current from the cell.

Educational Medical Expeditions to French Mineral Watering Places and other Health Resorts.

The object of these expeditions is to afford opportunities to medical men, both French and foreign, of visiting the various health resorts of France. The French mineral water springs are grouped in various districts, and those some of the most picturesque to be found in France, hence a visit to them, as well as being instructive, is a source of pleasure. Special advantages are offered to medical students as well as to medical men who in making these expeditions subserve their own interests as well as those of their patients. The organiser of the expedition for this year is M. Carron de la Carrière, 2, Rue Lincoln. The expedition will commence on Sept. 1st and will terminate on Sept. 12th. The districts visited will comprise Dauphiny and Savoy and the various places will be visited in the following order: Uriage, La Motte, Allevard, Salins-Moutiers, Brides, Pralognan, Challes, Aix, Le Revard, Marlioz, Hauteville (sanatorium), Divonne, Saint Gervais, Chamonix, Thonon, and Évian. In 1899 the first expedition was organised, the district chosen being Auvergne and Central France. In 1900 the Pyrenees were visited. The scientific head of this year's trip will, as in the two former years, be Dr. Landouzy, Professor at the Paris Faculty of Medicine, who will deliver lectures at each station upon hydro-therapeutics. The railway companies give a reduction of 50 per cent., in the case of Frenchmen, on the ticket between the member's place of residence and Uriage, while for foreigners the reduction commences from the place of entry into the country. The same reduction is given for the return journey to the station which served as a starting-place from the last visited station, Évian. French and foreign medical men and medical students alone are eligible, but the wives of medical men may go with their husbands. The names of those intending to take part in the expedition can be received up to August 15th. They must send their names and addresses, the station from which they start, or in the case of foreigners their place of entry into France, the date of their arrival at Uriage, and their subscription (300 francs) to the Director of the Crédit Lyonnais, agence B., compte V.E.M., Place de la Bourse, Paris.

July 9th.

BERLIN.

(FROM OUR OWN CORRESPONDENT.)

The Practitioners' Association and the Medical Union.

THE annual meeting of the German Practitioners' Association (Deutscher Aerztevereins-Bund) was held on June 28th and 29th at Hildesheim, Professor Loebker of Bochum being in the chair. In his inaugural address the President pointed out that the new regulations with respect to the medical curriculum and medical examinations were not in accordance with the wishes of the profession and that the amendments proposed by that association had not been adopted by the Government and the Federal Council. His remarks were directed especially to the facilities for becoming medical students now afforded to the pupils of Realschulen where Latin was not taught. The position of medical officers to clubs continued, he said, to be very bad and he exhorted the members to present a united front and to refrain from joining other newly founded societies, the objects of which might be antagonistic to those of the old-established Practitioners' Association. If certain members were of opinion that the work of the association was not all that could be desired it was open to them to endeavour to amend its principles and methods, but they ought not to attempt to break up the association. It was then resolved that local committees should be formed for the purpose of dealing with unqualified practice. The association will also establish an office at Hamburg where German practitioners may obtain information as to practice in foreign countries and as to vacancies for medical officers on board ship. The most important question discussed at the meeting was connected with the newly founded Medical Union (Verband der Aerzte Deutschlands zur Wahrung ihrer Wirthschaftlichen Interessen) which at the outset was diametrically antagonistic to the Practitioners' Association. The founders of the Medical Union were of opinion that the Practitioners' Association did not deal adequately with club practice. Their idea was to follow the example of the trade unions by forming a strike fund and beginning a general strike as soon as a sufficient sum had been collected. As the terms of membership were somewhat high, being one mark per week or £2 12*s.* per annum, the promoters of the movement believed that sufficient funds would soon be in hand, but unfortunately members did not come forward very quickly and the attitude of the committee by degrees became less confident. There was not now any question of a general strike; the union would only support members who had got into difficulties with a club and would take means to make the general public acquainted with the unremunerative nature of medical practice, so that a young man might not enter on a medical career without due consideration of all the circumstances. There was, therefore, now no great difference between the aims of both the old Practitioners' Association and the new Medical Union, and, indeed, the President of the latter, Dr. Hartmann of Leipsic, was present at the meeting of the Practitioners' Association in connexion with a scheme for enabling the two societies to arrive at an amicable understanding. After a long and animated discussion it was agreed that the Practitioners' Association should send a delegate to the committee of the Medical Union for the joint administration of the finances. A motion that the Practitioners' Association should recommend their members to become members of the Medical Union also was lost. Another subject of discussion related to the position of medical experts in law-courts. There have been some sensational cases in which the law-courts have completely disregarded the opinion of the medical experts. In one instance an obviously insane officer had killed a comrade, and though the medical experts had declared the prisoner to be irresponsible for his actions the military court found him guilty and he was condemned to 12 years' imprisonment. The medical experts were treated after a similar fashion in a trial of malingerers at Elberfeld. On the motion of Dr. Pfalz of Düsseldorf it was unanimously resolved that the association desired to draw the attention of the Government to the position of medical experts at certain law-courts and to the scant attention which they received from the judicial authorities. The value of the Swiss preliminary examinations "for Germany" and some other subjects of less importance were also discussed.

Medical Excursions to German Spas.

Following the example of France a committee has been formed for the organising of excursions of medical practitioners to the principal spas and health-resorts of Germany. The president of the committee is Professor E. von Leyden of Berlin. The first of these excursions will be made to the health-resorts on the coasts of the North Sea and will take place after the congress of the German Association of Naturalists and Medical Men has been held at Altona. Another excursion will be made to the principal mineral water bathing-places of Germany, including Nauheim, Kreuznach, Kissingen, Homburg, Kösen, &c. The visitors will be personally conducted by Professor Baginsky, whilst the local medical men will, of course, give every information relative to the bathing and sanitary arrangements of the respective spas.[1]

July 8th.

ROME.

(FROM OUR OWN CORRESPONDENT.)

The Anopheles as Host of a Trematode.

WHILE examining specimens of anopheles during the past winter in order to see whether the malarial parasite is preserved in the stomach and salivary glands of hybernating mosquitoes, Martirano[2] has made the curious observation that many of these insects act as hosts of a small trematode worm of the distomida family. The number of infected mosquitoes increases from the month of March onwards, being at first from 10 to 20 per cent., but later, in May and June, reaching as much as 50 per cent., of insects examined. It is rare to find only one worm; in the greater number of cases there are from five to 10 worms in every mosquito. They occur mostly in the posterior segment of the abdomen, sometimes also in the salivary glands; in the

[1] Further information as to the forthcoming excursion will be found on p. 94.—ED. L.

[2] Il Policlinico, Sezione pratica, Fasc. 35, June 29th, 1901.

majority of instances the small distoma was encysted, but at other times it was free in the thorax and abdomen. The small cysts were adherent to the interior of the abdominal wall and were scarcely visible to the naked eye, appearing as white shining points varying in size from 150 μ to 230 μ. The free worm measured 1·3 millimetres in length and 0·20 millimetre in thickness. Each cyst contained only one distoma of a flat leaf-like form, oval, somewhat elongated, becoming during its active progressive movements after its liberation from the cyst narrow and ribbon-like in shape. The cuticle was thick and smooth. There were two suckers, one placed at the anterior end and another about the middle of the body on the ventral aspect. The digestive tube began at the larger anterior sucker and divided into two branches, terminating blindly. At the sides of the body two large sexual organs were generally visible, containing numerous small, rounded, yellowish-brown ova, but in many specimens these were absent. Several of the mosquitoes containing this distoma were also severely infected with filaria which were found in the Malpighian tubes. Although it is a matter of speculation both as to how these mosquitoes came to harbour the distoma and as to what the further life of the parasite may be, yet the fact of its presence in the mosquito is interesting as offering a possible explanation of the mode of infection, still obscure, of some human parasitic diseases—such, for instance, as those produced by the distoma Ringeri and the Bilharzia hæmatobia. In regard to the chief object of his inquiries Martirano found that while up to March 15th mosquitoes were infected with malarial parasites in the proportion of from 1 to 5 per cent., after that date and up to the end of May his search for infected specimens of anopheles was invariably unsuccessful.

A Case of Xiphopagus or Double Monster.

At a recent meeting of the Royal Medico-Chirurgical Academy of Naples, Corrado and Landi described a case of monomphalic monstrosity in which two female children were united to each other by a good part of the anterior surface of their bodies from the extremity of the sternum to the umbilicus, the latter being common to both. They were born on April 14th last at the village of Marianella, of young parents who had been married for one year, but the duration of the pregnancy could not be definitely ascertained. The labour was normal, the presentation was occipital in both cases, and no instruments were required. There was one placenta without any trace of division, and the cords, although really double, were united by an amniotic sheath. The children were quite lively and behaved like ordinary newly-born babies. Usually when one slept the other slept also, and when one cried the other did the same. On the seventh or eighth day of their life the child first born showed signs of suffering and a greenish diarrhœa set in, the other child at first not appearing to be affected. On the tenth day the former died and a few moments later the other, in whom similar symptoms had latterly appeared, also expired. The bodies were preserved in formalin and after being injected with different coloured injection fluids they were carefully dissected. The two thoracic cavities were found to be independent, the connexions at this point being limited to adhesions between the last costal margins. The two diaphragms were continuous and the abdominal cavities were united into one. The livers were fused at their anterior borders but each had its own gall-bladder. There were two stomachs and two duodena, the latter uniting, however, at their lower ends into a single intestine having a double line of attachment of mesentery to indicate the fusion. At the commencement of the lower fourths of the ilea the two canals again became distinct and remained so for the rest of their course.

International Congress of Physiology.

The Fifth International Congress of Physiology will take place at Turin from Sept. 17th to Sept. 20th next, when it is expected that many distinguished scientific men will gather under the presidency of the genial and versatile Dr. Mosso, professor of physiology in the Turin University. A novel and important feature of this congress will be the rule that all communications must be accompanied by experiments and demonstrations. It is proposed to devote one sitting exclusively to experimental psychology. At the last sitting Professor Marey will present the report of the International Committee appointed to control all registering instruments and to introduce uniformity into physiological methods in general. The Managing Committee consists of the following members: Mosso of Turin (President), Bohr of Copenhagen, Bowditch of Boston, U.S.A., Dastre of Paris, Hèger of Brussels, Kronecker of Berne, and Wedensky of St. Petersburg. The general secretaries are Fano of Florence, Fredericq of Lieges, Grützner of Tübingen, and Sherrington of Liverpool.

July 7th.

NEW YORK.

(FROM OUR OWN CORRESPONDENT.)

Reorganisation of the American Medical Association.

THE meeting of the American Medical Association recently held in St. Paul, Minnesota, was in all respects a great success. The subject of reorganising that body created the greatest amount of interest and was the main topic of discussion. The committee appointed to draw up a report containing suggestions and recommendation for reorganisation seem to have accomplished this task to the satisfaction of almost all of those concerned. In the first instance it is proposed that a business section shall be constituted, to be known as the "House of Delegates," which shall proportionately represent the State societies in accordance with their numerical strength. It is suggested that the present representation for the State societies should be fixed at one delegate to every 500 members. The committee summarises the objections to the existing methods of representation as follows. 1. It is not representative. 2. It detracts from the scientific value of the annual meeting, wasting the time of those who are not interested in medico-political subjects. 3. The time devoted to the general sessions does not give opportunity for deliberate consideration of the living problems of the profession of the country. 4. The body as now constituted has become so large and unwieldy that it is impossible for it to transact business deliberately and calmly and to take up and to consider the important questions affecting the medical profession. The committee then recommend that both State and county medical societies should be uniformly organised and pertinently affirm that "no successful organisation of the profession is possible without the mutual coöperation of the national and State societies." From the temper in which the State delegates at St. Paul received these recommendations it would seem that the propositions set forth by the committee will be carried into effect in course of time. The report of the committee was accepted almost unanimously.

Congress of Christian Scientists at Boston.

There has been held recently in Boston a very remarkable meeting of Christian Scientists from all parts of the world. The gathering was cosmopolitan to a degree and representative of all grades of society. Members of the sect were present from Great Britain, Australia, New Zealand, and from other far-away parts of the globe, and earls and ladies rubbed shoulders with "persons of no account." The congress was especially important in that Mrs. Eddy showed her face to her faithful followers for the first time within several years; she also delivered an oration which was chiefly distinguished by its brevity and its obscurity. Nevertheless, her oracular sayings met with the full approbation of her audience and were, indeed, received with enthusiasm. The figures given of the growth of the "mother church" reveal an astonishing and significant state of affairs. The membership in Boston alone reaches the respectable total of 21,631—a gain of 2496 since November. In all America the cult has more than 500 organised churches, the congregations of many of which have erected really imposing structures at great cost, notably in New York and Chicago. The progress of Christian Science is perhaps the most remarkable of any religious movement during the last few years and is mainly impressive for the reason that educated and otherwise sane individuals are eagerly embracing its tenets. Undoubtedly Christian Science in America is pressing heavily upon an already severely handicapped medical profession, but that any restriction will be placed upon its teaching by legislation would seem in the present temper of the American public to be an illusive hope.

Gift to Harvard Medical School.

American multi-millionaires and millionaires seem to have developed of late a healthy emulation in giving for the

purpose of education. Spurred on, perhaps, by the example of Mr. Carnegie, in quick succession Mr. Rockefeller and Mr. J. Pierpoint Morgan have made magnificent gifts for the advancement of medical science. At the annual dinner of the Alumni Association in Memorial Hall at Cambridge, Mass., on June 27th, President Eliot read a cable message from Mr. Pierpoint Morgan in which he promised to provide funds for the erection of the new buildings needed by the Harvard Medical School. The three buildings in question are intended as a memorial to Mr. J. S. Morgan who commenced his business career as a merchant in Boston and who died a merchant in London. It is said that the buildings will cost $1,000,000 (£200,000). The outlay on the entire new medical plant will reach the large sum of $2,000,000 (£400,000). The money provided by Mr. Morgan is to be expended for the furtherance of applied biological research.

Small-pox in the United States.

This disease is very prevalent more or less throughout the United States. The epidemic has been and is still of a mild type, as is shown by the fact that although the cases are far more numerous than at the same period of last year the mortality is less. In Minnesota in the week ended June 15th 4679 cases were reported; in Tennessee, 4323; in Kansas, 4078; in Colorado, 2197; in Ohio, 1965; in New York, 1219; in North Carolina, 845; in Indiana, 834; and in Nebraska, 790. The total number of cases reported in the week ended June 15th was 28,257 with 486 deaths. In the same period in 1900 there were 12,092 cases with 642 deaths.

July 2nd.

Medical News.

UNIVERSITY OF BIRMINGHAM.—The following candidates were successful at examinations held in the Faculty of Medicine in June :—

1.—FOR THE DEGREES OF BACHELOR OF MEDICINE AND BACHELOR OF SURGERY.

(a) *Associates.*—Henry William Langley-Browne, Edward Cureton, Charles Leetham-Green, Jordan Lloyd, David Charles Lloyd-Owen, Priestley Smith, Thomas Law Webb, and Edmond Bancks Whitcombe.

(b) *Past Students of the Birmingham Medical School.*—George Clement Belcher, Reginald Shirley Burd, Arthur Cant, Gilbert William Charsley, Arthur Emery, Thomas Webb Fowler, John Edward Godson, Frederick James Vincent Hall, Charles Harold Harcourt, Arthur Hawley, George Leonard Hill, Wilfrid Anthony Legh Jackson, Tom Longmore, Henry Prince Motteram, Herbert John Orford, John Orton Orton, Edward Ferdinand Page, Henry William Pepper, Harry William Pooler, Astley Bennett Prosser, William Sisam, Arthur John Stanley, Arthur Allen Deykin Townsend, George Arthur Wilkes.

(c) *Under Ordinary Regulations.*—Michael Joseph Quirke.

2.—FOR THE DEGREE OF BACHELOR OF DENTAL SURGERY.

(a) *Associate.*—John Dencer Whittles.

(b) *Past Student of the Birmingham Dental School.*—Harold Round.

3.—FOR THE DIPLOMA OF PUBLIC HEALTH.

Robert Arthur Lyster and Robert Turner.

FIRST EXAMINATION FOR THE DEGREE OF BACHELOR OF MEDICINE AND BACHELOR OF SURGERY.

Elementary Biology (Part I.).—Henry Neville Crowe, Harvey Atkins Evans, Richard Stuart Wathen Hunt, George Frederick Jothan, and Norman Valentine Williams.

Chemistry and Physics (Part II.).—Class I.: Francis Reginald D'Alton Glissan and Norman John Lancelot Rollason. *Class II.:* Robert Wallace Aitken, Reginald Hudson Astbury, Edward Lancelot Bunting, Helen Gertrude Greener, Leonard Leigh Hadley, William Claude Horton, William Cuthbert Houghton, and Henry Percy Pickerill.

SPECIAL SECOND EXAMINATION FOR THE DEGREE OF BACHELOR OF MEDICINE AND BACHELOR OF SURGERY.

Class I.—Alfred Ernest Remmett Weaver and Frederick Wilkinson.

Class II.—William George Aviss, William Cook, Cuthbert Keay Gettings, Robert Beatson Dennis Hird, Leonard George Joseph Mackey, and Edmund Wilkinson.

SOCIETY OF APOTHECARIES OF LONDON.—At the primary examination held recently the following candidates passed in the subjects indicated :—

PART I.

Biology.—G. E. Austin, Royal Free Hospital; F. C. M. Gabites, Edinburgh; and C. A. Sampson, Charing Cross Hospital.

Chemistry.—G. E. Austin, Royal Free Hospital; and F. C. M. Gabites, Edinburgh.

Materia Medica and Pharmacy.—A. Bernfeld, Royal Free Hospital; A. G. Gamble, Leeds; G. B. Messenger, Liverpool; C. A. Sampson, Charing Cross Hospital; C. J. Taylor, Bristol; and B. B. Westlake, Guy's Hospital.

PART II.

Anatomy.—A. J. Ambrose, Westminster Hospital; G. C. M. Davies, Charing-cross Hospital; B. C. Ghosh, and T. W. S. Hills, Cambridge; H. M. Huggins, St. Bartholomew's Hospital; C. Kellgren, Royal Free Hospital; G. Nunn, Guy's Hospital; C. H. Osmond, Glasgow; O. P. N. Pearn, Westminster Hospital; E. H. Price, Birmingham; R. C. Richards, University College Hospital; R. J. S. Verity, Charing-cross Hospital; and S. J. Weinberg, Manchester.

Physiology.—H. Bacon, Cambridge and Guy's Hospital; G. C. M. Davies, Charing Cross Hospital; B. C. Ghosh and T. W. S. Hills, Cambridge; H. M. Huggins, St. Bartholomew's Hospital; A. C. Jenkins, London Hospital; T. L. A. Jones, Cardiff; C. Kellgren, Royal Free Hospital; G. Nunn, Guy's Hospital; O. P. N. Pearn, Westminster Hospital; E. H. Price, Birmingham; G. H. Raina, Westminster Hospital; R. C. Richards, University College Hospital; and S. H. Sugden and S. J. Weinberg, Manchester.

FOREIGN UNIVERSITY INTELLIGENCE.—*Bordeaux:* Dr. Sigalas, *agrégé*, has been appointed to the new chair of Pharmaceutical Physics. Dr. Gentès and Dr. Cavalié have been appointed *professeurs agrégés* of Anatomy; Dr. Benech, *professeur agrégé* of Chemistry; and Dr. Dupouy, *professeur agrégé* of Pharmacy.—*Cracow:* Dr. Karl Klecki, Extraordinary Professor of General and Experimental Pathology, has been appointed Ordinary Professor.—*Freiburg:* Dr. Wilhelm Manz, Professor of Ophthalmology, is retiring from his chair.—*Lille:* Dr. Gérard has been appointed *professeur agrégé* of Anatomy.—*Lyons:* Dr. Regnud has been appointed *professeur agrégé* of Anatomy.—*Marburg:* Dr. Borrmann, first assistant in the Anatomical Institute, has been recognised as *privat-docent.*—*Montpellier:* Dr. Poujol has been appointed *professeur agrégé* of Physiology.—*Paris:* Dr. Rieffel and Dr. Cunéo have been appointed *professeurs agrégés* of Anatomy, Dr. Guiart *professeur agrégé* of Natural History, and Dr. Richaud *professeur agrégé* of Pharmacy.—*Prague (Bohemian University):* Dr. Okukula has been appointed Extraordinary Professor of Surgery.—*Rostock:* Dr. Keller of Breslau has been appointed Extraordinary Professor of Children's Diseases.—*Toulouse:* Dr. Cluzet has been appointed *professeur agrégé* of Medical Physics.—*Vienna:* Dr. F. von Sölder has been recognised as *privat-docent* of Psychiatry and Neurology.

CERTIFICATION OF LUNATICS.—A meeting of the magistrates of the Taunton Petty Sessional Division was held on June 22nd to consider a report from one of the magistrates in reference to a case of lunacy which had come under his notice. This stated that a relieving officer called upon this magistrate recently with a request that he would sign an order for the detention of a lady in a lunatic asylum. The officer said that two medical men had already certified the lady to be insane and added that he "must sign" the order, and "that if he should not do so he would be answerable for the lady's life if anything happened to her." The magistrate then consulted the magistrates' clerk who found that this mode of procedure was irregular because the relieving officer had not obtained from a magistrate the formal necessary orders directing two medical practitioners to examine the patient and had asked the justice to sign the order for removal, it being not only necessary for the medical men to certify insanity, but the justice himself must be satisfied with the evidence. The bench of magistrates decided that in future they would not sign any such order unless the law had been fully complied with. The clerk to the guardians said that the relieving officers had been in the habit of calling in medical practitioners and getting their certificates, and the magistrates had until now been satisfied with those certificates.

LITERARY INTELLIGENCE.—The Syndics of the Cambridge University Press have undertaken the publication of the first part of the "Index Animalium," to the preparation of which Mr. C. Davies Sherborn has devoted so many years. The object of the index is to provide zoologists with a complete list of all generic and specific names given by authors to animals, both recent and fossil, since Jan. 1st, 1758, the date of the tenth edition of Linnæus's *Systema Naturæ*. With each name will be given an exact date and a reference intelligible to the layman as well as to the specialist. The British Association appointed a special committee to watch over the inception and progress of the work, the preparation of which was undertaken in 1890. Financial support has been given by the British Association, the Royal Society,

and the Zoological Society, while the authorities of the British Museum have afforded continual assistance. The work will be to the student of animal life what the "Index Kewensis" is to the botanist, and indeed far more, as the last-named work refers only to phanerogams, whereas the "Index Animalium" will include all groups of animals and both recent and fossil forms. The portion of the work already completed and in the press covers the period from 1758 to 1800 and consists of 61,600 entries.

SOCIETY FOR THE STUDY OF DISEASE IN CHILDREN.—Some 70 members and visitors attended the provincial meeting of this society, which was held on June 29th at the Medical Institution, Liverpool, under the presidency of Mr. Robert Jones, surgeon to the Royal Southern Hospital. 31 new members were elected. Many interesting clinical cases were shown and papers were read by Dr. Henry Ashby, Dr. George Carpenter, Mr. Sydney Stephenson, Dr. D. M. Hutton, Mr. K. W. Monsarrat, Dr. Richard Caton, Dr. C. J. Macalister, Mr. R. Clement Lucas, Dr. John H. Bryant, Dr. John McCaw, and Dr. James Carmichael. In the evening the members dined together at the Adelphi Hotel, Dr. A. Ernest Sansom being in the chair. The toast of "The Society" was proposed by Dr. William Carter, physician to the Royal Southern Hospital. On the following day the members drove to Heswell for the purpose of inspecting the new building of the Liverpool Country Hospital for Chronic Diseases of Children, and afterwards they lunched with Mr. Robert Jones.

PRESENTATIONS TO MEDICAL PRACTITIONERS.—At Totnes railway station on July 5th, after the distribution of certificates and badges awarded to the members of the Totnes and Brent branch of the St. John Ambulance Association, which consists of the employés of the Great Western Railway Company, Mr. H. Adye, the divisional superintendent, on behalf of the class, presented Mr. W. Richardson Edmond, M.B. C.M., L.R.C.P. Edin., M.R.C.S. Eng., and Mr. J. William Wyncoll, M.B., C.M. Edin., with a case of pipes and a silver-mounted walking-stick, respectively, in appreciation of their services as honorary instructors.

THE LATE DR. A. L. WADE.—Dr. Arthur Law Wade, who has been for several years physician and superintendent at the Somerset County Asylum, near Wells, died suddenly on July 1st. Dr. Wade, who graduated M.D. of Dublin in 1873, had formerly held the appointments of senior assistant medical officer at the Kent County Asylum and at the Warwick County Asylum, of surgeon to the Royal Isle of Wight Infirmary, and of assistant medical officer at the Laverstock House Asylum, Salisbury. Dr. Wade, who was well known in Wells and the neighbourhood, was held in high esteem by all classes and much regret is felt at his death.

WESTON-SUPER-MARE HOSPITAL.—A successful *fête* was held on July 3rd and 4th in aid of the funds of the Weston-super-Mare Hospital and it is thought that the institution will benefit to the extent of about £600.

DEATHS OF EMINENT FOREIGN MEDICAL MEN.—The deaths of the following eminent foreign medical men are announced:—Dr. Julius von Siklossy, ophthalmic surgeon to the St. Rochus Hospital, Budapest.—Dr. Gino Ciaccio, Professor of Comparative Anatomy in Bologna.

MEDICAL MAGISTRATE.—Dr. William Moxon of Matlock Bridge has been placed on the Commission of the Peace for the county of Derby.

Parliamentary Intelligence.

HOUSE OF COMMONS.

THURSDAY, JULY 4TH.

The Army Medical Service.

DR. FARQUHARSON asked the Secretary of State for War whether the Committee on the Army Medical Department would take evidence and whether it would be allowed to suggest alternative schemes to that proposed by the chairman; and whether its proceedings would be public.—MR. BRODRICK replied: No; so far as at present arranged the committee will not take evidence and its proceedings will be private. It will, of course, be open to any member of the committee to submit alternative proposals.

SIR CHARLES DILKE asked the Secretary of State for War whether the committee of experts to consider the future organisation of the Army Medical Service would take into consideration the arrangements to be made in time of peace for utilising in time of war the services of civil surgeons and trained civilian nurses in connexion with the Army Medical Service; and would he state what would be the reference to the committee.—MR. BRODRICK replied: The committee will be invited to consider the general medical requirements of the army. The committee is a consultative committee, and I do not propose to publish terms of reference.

FRIDAY, JULY 5TH.

Hospital Ship for the Mediterranean.

In the course of a debate on the shipbuilding vote for the Navy it was announced that the Admiralty had intended to hire a hospital ship for the Mediterranean Squadron, but it would not be necessary to do so now owing to the gift to the nation of the hospital ship *Maine*, which in due course would take her place as the hospital ship of the Mediterranean. The Admiralty, however, were taking money for the provision of a large amount of equipment for hospital ships in the event of war. The view of the Admiralty was that they should not actually equip more hospital ships than were necessary in time of peace.

Royal Commission on Sewage Disposal.

MR. WALTER LONG, in reply to a question, said that he understood the Royal Commision on Sewage Disposal had agreed to an interim report and he hoped that this report would be issued very shortly.

MONDAY, JULY 8TH.

Sickness among the Troops in South Africa.

Lord STANLEY, in reply to Mr. MACNEILL, said that there are 251,000 troops in South Africa of whom about 14,000 are sick. There were no returns which enabled him to give any detailed information.

TUESDAY, JULY 9TH.

First Aid and Home Nursing in Evening Schools.

DR. MACNAMARA asked the Vice-President of the Committee of Council on Education whether he would state why the subjects of first-aid, home nursing, and physical exercises, including gymnastics and swimming, had been dropped in the Evening Schools Minute of July 3rd.—Sir JOHN GORST replied: Because of the abuses to which the inclusion of "suitable physical exercises" has given rise. Some of the subjects mentioned in the question would probably be sanctioned under the fifth head of Group VIII.

THE NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC.

SPECIAL GENERAL MEETING OF GOVERNORS AND SUBSCRIBERS.

THE governors and subscribers of the National Hospital for the Paralysed and Epileptic held a special general meeting on Saturday last, July 6th, in the hospital to receive and to consider the report of the committee of inquiry appointed pursuant to the resolutions passed on March 23rd. The chair was taken by Mr. PEARMAN and he was supported by a few members only of the Board. The attendance of governors and subscribers of the charity was not so great as on March 23rd, numbering about 70.

The CHAIRMAN having invited Mr. Melvill Green to propose the motion, of which notice had been given, Mr. MELVILL GREEN commenced by moving the thanks of the meeting to the gentlemen who had made the report. He proposed that the best thanks of the governors be given to Sir Edward Fry, Lord Wolverton, Mr. W. W Carslake, Mr. Timothy Holmes, and Mr. Cecil Henry Russell, together with Mr. John Danvers Power, the honorary secretary, for their valuable services in conducting the inquiry of investigation.—The motion was seconded by Mr. WALFORD and put to the meeting and carried unanimously.

Mr. MELVILL GREEN: I come to the duty which has been imposed upon me of moving the first of three motions of which notice has been given—namely, that the report of the committee of inquiry be adopted. For that motion, of course, the committee of which I am a member are responsible. What I say now of the report is that for which I am only responsible. I hope I shall not offend anyone, for I contemplate reading certain portions of the report so as to make intelligible my remarks. I should like to read first of all Clause 13 in which the committee say that they have inquired into the truth of the several allegations complained of in the statement of the medical staff and they find that some of the most important of them are true, that some have a foundation of fact but are exaggerated, and that others are unsupported by any sufficient evidence. And then I should like to read Clause 53: "We can find no foundation for the fears entertained that the character of the hospital as a religious and philanthropic institution will be imperilled by the presence of two medical men on the Board of Management, and we are therefore quite unable to concur with the present Board when they characterise the demands of the medical staff as 'encroachments calculated to destroy the religious and philanthropic character of the hospitals, and to subordinate to purely professional objects institutions maintained by the benevolent for benevolent purposes.'" In Clauses 50 and 51 they say this, and this is a very important topic: "Another of the objections urged to the direct representation of the medical staff on the Board of Management is that it would give undue influence to the scientific elements in the hospital and will tend to subordinate the immediate benefit

of the patient to the pursuit of medical knowledge." They investigated that thoroughly and then they say that nothing was adduced to impugn the opinion of the medical committee or the action of the Board of Management and they dismissed the suspicion suggested as unfounded. Then they say in Clause 14: "It is our opinion that the defects in management to which attention was drawn by the statement were deserving of notice and correction; but that they were never sufficient in magnitude and frequency to render the treatment in the hospital otherwise than good as a whole." These four passages seem to me to show that what I ventured to say last August in a very much thinner meeting than we have here to-day is quite true—namely, that both sides had exaggerated but that there was truth with both. But they are very satisfactory statements to us as governors—very satisfactory indeed, because they show both that fears are unfounded and that the amount of mischief done to the hospital is not of an important character. It is trivial. I should like also to refer to the subject of finance. When it is mentioned that there are irregularities in finance people are apt to get frightened. It is true there were irregularities in finance. There ought to be three trustees and there are only two—that is a mere technical detail. A sum of money has been placed to one account that ought to have been placed to another—that is to say, it has been invested in what it ought not to have been, but the matter of finance is absolutely all right in the popular sense of the word. I must come now to the business of the day. The object of this report is to effect a very great and important change in the manner of managing this hospital and I trust you are going to—I am told there will be no difficulty on the matter—adopt the motion unanimously. I think it is inevitable that we shall do so. The supervision of the affairs of the hospital by the Board of Management has not been adequate to the needs of the institution. The report says so and by adopting the report we say so. The rule of the hospital is that there shall not be less than 12 members of the Board. There are no more, but one or two members, in consequence of their personal distinction or their past services, in consequence in fact of most excellent reasons, have been retained upon the Board when they have not been able to give attention to its affairs. Most institutions have gentleman of that kind on the Board. There are two, or more than two, courses open. You can have a large committee of management and put asterisks against the honorary members or you can have a body of vice-presidents who are entitled to attend the Board when they like; but the particular system adopted with us of allowing the names of gentlemen to remain on the Board of Management, and of allowing their owners to be represented to the governors at large as men on whom the management is relying when they have ceased for years to be able to give much attention to the institution, is a bad system and one of the many things that will have to be altered. This brings me to the two most important recommendations of the report. In Clause 55 we have the first of these. "We recommend," says the report, "that the Board of Management be increased by the addition of two members chosen by the medical committee from the medical staff." And in Clause 48, "we are of opinion that the mode of representation desired by the medical staff is a very proper one and is the smallest concession which is reasonable." By carrying the motion that I am submitting to you you do not alter the rules; these must be altered at some subsequent meeting, and therefore the second motion which is to be put before you is to appoint a committee to prepare this alteration. By adopting the report I hope it is quite understood that we decide beyond all controversy and question that the medical staff shall be represented by two of its members elected by itself on the Board. The second important recommendation is contained in Clause 79 and is as follows: "We are of opinion that the office of secretary-director in the hospital should be abolished." It is taken for granted that there is such an office. There is nothing in the rules to create such an office, but in the by-laws only a particular gentleman is appointed with that title. I do not think that after receiving the resignation of Mr. Burford Rawlings, which we have already in our hands, there is any such office left, but we will, however, assume that there is. Technically I do not think there is. Without any question or doubt, if you carry my motion that this report be adopted you will determine that there be no secretary-director in the hospital. The abolition of this office and the appointment of representatives of the medical staff to seats upon the Board of Management are two subjects that have been in controversy for 15 or more years. They are the two main points of the controversy. The report shows you how fit it is that these reforms should take place. In Clause 67 the action alike of the secretary-director and of the Board of Management is shown to have tended to hinder the free access of communication from the medical officers to the Board. That is a finding of fact, and in Clauses 68 and 69 we have extraordinary instances related bearing upon the point, and I will tell you that nothing has struck me more forcibly than the forbearance of the staff in the situation. I should like to read here Clause 77 which says: "It should be added in justice to Mr. Rawlings that the course he pursued in the case dealt with and in most of, or perhaps all, his dealings with the medical staff received the approval and support of the Board of Management"—I have read you the minute which proves this—"that, in our opinion, he was throughout acting in the manner which he thought to be his duty and which was in the spirit of the instruction which he received from the Board; and that on them rather than on him rests the responsibility for the attitude he assumed towards the medical staff." My whole soul goes with that clause. There is nothing to blame Mr. Burford Rawlings for except that he did not perceive the falseness of his position. He acted according to his directions and did what the Board wanted him to do and the blame, if blame there be, rests with the Board. I feel very sorry about the situation. Here is a gentleman who, with mistakes or without (it does not matter), has devoted the best of his life to the service of the hospital and who has done for it a great deal of very excellent work, who has devoted to it his life and whose heart has been in it. And yet we are obliged to take such a course that he must retire. It is pathetic; I feel very sorry about it; but I ask you to adopt the report unflinchingly. I understand that the members of the Board who are present will give us an explanation which may be satisfactory, though it does not appear to have been satisfactory yet to the committee of inquiry. I do not want to say anything disagreeable. I do not want to suggest that the members of the Board should resign. I do not want to suggest that you, the governors, should say so, because the governors have no power. They can only elect two members, after three months' notice, before an annual meeting the date of which you do not know. In the course of six years you can change the Board and in the course of four years you can change the majority. That is one of the things which has to be altered in the rules. The members of the Board have told us for some time with great vigour that it would be quite impossible to work on the Board with two members of the medical staff on it. They have told us that the two members of the staff would domineer over them and that they would have to give way to the staff when they ought not. They have said that they cannot so conduct the hospital. If these gentlemen, notwithstanding the opinions that they have entertained and expressed so strongly, are willing still to govern the hospital with rather more industry, though, perhaps, not with more heart, than formerly I have nothing to say to it and certainly the report says nothing. The medical staff should now elect two members to the Board. There should be no secretary-director. The rules have to be revised from beginning to end. In Clause 107 the report says that all the rules want revising and the one or two clauses which I have quoted indicate this. There are several matters which must be dealt with by the governors some day—for example, payment by out-patients and voting by proxy. There are questions also about the nurses and massage, but many of these things will right themselves by the presence of two of the medical staff on the Board. I do not wish to refer to other details. I hope you are going to vote for the adoption of the report and so absolutely decide the three points: that the staff shall be represented on the Board, that the office of secretary-director shall be abolished, and that the rules shall be revised.

Sir JAMES CRICHTON BROWNE: I beg to second the adoption of the report. The committee have performed the duty assigned to them in the most thorough and most satisfactory manner. Those of us who have carefully read the report cannot fail to arrive at the conclusion that the inquiry instituted has been searching, that the judgment exercised has been impartial, and that the recommendations made are sound and practicable. It is impossible thoroughly to grasp the significance of this report without comparing paragraph by paragraph the statement of the medical staff made in 1890 with the report of the sub-committee of management appointed to inquire into the complaints made in that report. Any such minute and detailed comparison, however, is unnecessary, and not only unnecessary but undesirable, for it cannot now be denied that the main contentions of the medical staff have been amply justified and that they have correctly indicated the sources from which all defects in the administration of the hospital have arisen. As far as possible we should avoid recrimination. There should be no hoots of triumph, no stirring up of the spirit of controversy, but all of us who are interested in the hospital should cordially combine to secure for it a peaceful and prosperous career. Mr. Rawlings, who is speaking, I presume, still as the mouthpiece of the Board of Management, who have in the past so largely delegated their authority to him, has in dignified terms acknowledged that there is no appeal from this report, and as there is no appeal there is no room for argument or discussion. All we have to do is to ensure that the recommendation of this committee be fully and faithfully carried out, that there be no slackness or backsliding, and in order to do that we must secure the coöperation of the governors, of the managers, of the medical staff, and of all the officials of the hospital. This hospital has undoubtedly suffered, but the bruises it has sustained in the struggle will soon vanish, and purged of its pernicious secretions it will be restored to a healthy state endowed with vigour for its useful purpose. In order that it may be restored we have to give it our support at a critical moment, and it is best given by appointing a committee that will thoroughly, efficiently, and effectually carry out the recommendations that have been made. I do not wish to detain you longer, but I should like to add one word, and it is this: that when the controversy over the affairs of this hospital was at its height I venture to say that the medical staff cordially recognised the services of Mr. Burford Rawlings to this hospital in his capacity as secretary. To-day I am sure every member of the medical staff rejoices to find that in this, as in so many other matters, the committee of inquiry have adopted their views and have expressed the hope that in any changes which may unfortunately happen from their report the claims of Mr. Rawlings upon the gratitude of the hospital will not be ignored. He has, as Mr. Melvill Green says, been a devoted servant to the hospital for 33 years, and has given his best energies to that service, and has drawn undoubtedly towards it a large measure of pecuniary support. And if you owe a debt of gratitude to Mr. Rawlings you owe a tenfold debt of gratitude to your medical staff. They have not only given their professional and scientific services but they have saved it from ruin. Without the action of your medical staff there would have been no committee of inquiry and without the committee of inquiry there would have been no medical staff, for all these abuses which have been exposed would have gone on increasing. This must have resulted in the resignation of the staff and the sinking of this hospital into a position that it is pitiable to contemplate. I beg leave to second the adoption of the report.

Mr. H. H. NELSON: I hold a brief for nobody and I therefore venture to ask permission to say a few words in regard to the motion which is before the meeting, and to express what I am sure will at any rate be the opinion of a great number of the governors and subscribers who are unfortunately not here to-day and I daresay of some who are here. I may remark that to call a meeting of this kind of such very great importance on a day like this, on a Saturday and at this hour, makes it almost impossible for a great number of the subscribers to be present and it requires a certain amount of sacrifice for those who are here to be present. We are here to-day to receive the report from the committee of inquiry who have, I doubt not, taken the very greatest pains to carry out the mandate given to them and we are told that it is our bounden duty to receive it without discussion, to adopt it entirely, and consequently to adopt every recommendation that is in it. I do not think that even the majority of the whole of the supporters of this charity would hold that view. As far as my own opinion goes it has always been that for the Board to maintain that the addition of two members of the medical staff to its numbers—two out of 12—would involve the predominance of medical influence on that Board was ridiculous. But it is not the business of the medical staff to govern the lay affairs of the hospital. Mr. Burford Rawlings is a man of obviously great ability and I for one would be very sorry if the adoption of this report should involve the severance of his name from the hospital, for good men are

not so very easily found, and when we get them, even though with some faults which require to be amended, the way to get out of the difficulty is not by their dismissal. The working of a hospital is a large business and there is no business in the world that could be carried on successfully by a Board of 12. At one meeting some would attend, at the next others would attend, and so on, consequently there would be no sequence or method in the way in which the administration of the hospital was conducted. How could that plan possibly succeed? Is it not necessary that the Board should be represented by somebody who shall gather together the wishes of the management and see that they are carried out? I really cannot see how a Board can conduct a large business and deal with the many questions that must inevitably come before the hospital. The other alternative is to appoint a medical man, as I take it, as the head of the whole hospital and let him have the power (loud cries of "No, no").

MR. WALFORD: It seems to me that it is not for us to discuss these points which are for the committee to be appointed.

THE CHAIRMAN: It appears to me that the speaker is dealing with a paragraph of the report and is in order.

MR. NELSON: I understand that some medical gentleman is practically to take the place that Mr. Burford Rawlings is about to vacate. (Renewed cries of dissent.) What I want to insist upon is that if we adopt this motion we are not bound to carry out all the recommendations contained in the report. We are not pledged to do that but we are pledged to consider it.

DR. BASTIAN: There is no definite recommendation made, but there are two alternative schemes. It lies obviously with the committee that is about to be appointed to look into the details and when the committee have arrived at their conclusions their report will come before a subsequent meeting of the governors.

THE CHAIRMAN: I quite agree with you.

MR. MELVILL GREEN: The second motion is: "That a committee be appointed to represent the governors in making such arrangements as may be necessary for dealing with all matters consequential upon, or arising out of, the adoption of the previous resolution." That is rather widely worded. Of course, it means first that the committee will consider the whole management and constitution of the hospital and that they will at another meeting of the governors consider such alterations in the rules or such other matters as may require their decision; but I think the motion goes a little further. It does not say that the committee be appointed only to do that, but to represent the governors in making such arrangements as may be necessary for dealing with all matters consequential upon, or arising out of, the adoption of the previous resolution. I am not quite sure what it does do. It may be that it confers upon the committee we are about to appoint power to do temporarily what the governors do permanently in the interval. It seems to be a matter of considerable importance. It is quite impossible for the governors to meet again before October at the very earliest—it is out of all practical question; and I think this committee have conferred upon them a very great amount of power. That is my construction of the resolution, and I take this opportunity of pointing it out. You can see the words for yourselves and can judge. This motion seems necessary and I think the Board agree with us that a wide resolution of this kind is better. You must trust the committee you nominate not to go and to take things out of the governors' hands which would be inconsistent with their position. I propose this motion.

SIR SYDNEY WATERLOW: I second the motion subject to the addition of one or two words that are absolutely necessary. These words must be added, "reporting their recommendations to the governors." Surely what is to be done in the shape of reconstituting the constitution of the hospital must be done by a decision at a meeting of the governors; and while the governors certainly could not grapple with such a large subject you will agree with me that the committee should certainly report to the governors their recommendations.

MR. MELVILL GREEN: Certainly, if anyone thinks it is desirable, but the words are absolutely unnecessary. This meeting has not the power to rescind rules, much less can a committee appointed by it have power to rescind rules. The rules can only be rescinded by a meeting of the governors called for that purpose. That is quite certain and goes without saying.

A GOVERNOR: If so, why not say it?

SIR SYDNEY WATERLOW: If you accept the words "reporting to the governors their recommendations and actions" I second the motion. I do not think I need say anything more except to congratulate the Board of Management and the governors generally upon the decision at which we have arrived after a long, wearying, and to me a very unpleasant and tiresome discussion. I hope that the committee that is to be appointed will frame such a new constitution as will be a permanent benefit to the institution and will bring into harmony the staff and the governing body.

MR. VICTOR HORSLEY: May I ask a question relative to the duties of the committee? It is with regard to the expenses of the inquiry. I am anxious on behalf of the charity that this charity should not be unreasonably taxed for this horrible dispute.

THE CHAIRMAN: I think the question is hardly in order on this resolution. This proposal has nothing to do with these expenses.

MR. VICTOR HORSLEY: I was going to ask whether the committee were going to take into consideration that paragraph in the report that refers to the expenses of this inquiry? The medical staff have not put the hospital to a single halfpenny of expense and the Board have involved and are involving it in the expenditure of hundreds of pounds. I want to know on behalf of the patients for whom the hospital is carried on whether the charity is going to be taxed or not; that is my point.

THE CHAIRMAN: I do not wish to interrupt you; I do not think you are in order at this moment. You are addressing yourself to a recommendation of the committee of inquiry.

MR. VICTOR HORSLEY: Excuse me, sir, I am simply asking whether the committee of organisation will deal with this paragraph 109 and bring it before a general meeting.

THE CHAIRMAN: It will deal with the whole of the report.

MR. VICTOR HORSLEY: Very well, that answers my question.

SIR JOHN R. PAGET: May I point out that Clauses 108 and 109 of the report deal specifically with the matter. It is perfectly open to Mr. Victor Horsley or anybody else to bring up before this meeting the question of the expense of the inquiry.

MR. MELVILL GREEN: I think that the proper motion for Mr. Horsley would be to suggest that these costs should be taxed.

MR. BOWERS: I have given an undertaking to the committee of inquiry, being the solicitor in question, to agree that my bill shall be taxed if necessary. They requested me to write a note to that effect, and I said "Certainly." I did so at once. If there is the slightest indication on the part of any governor that the bill should be taxed I shall be glad if that course is taken without debate.

MR. NELSON: Has Mr. Rawlings sent in his resignation to the Board?

THE CHAIRMAN: Mr. Rawlings has notified his resignation for the next meeting of the Board.

MR. NELSON: Is it open for the Board to consider its acceptance?

MR. WIGAN: I cannot assent to that.

THE CHAIRMAN: The Board are in the hands of the governors and the Board would undoubtedly feel bound by any decision to which the governors may arrive at at a special general meeting, but speaking generally the Board are in a position to accept or to refuse the resignation.

MR. MELVILL GREEN: Technically that is so. I have talked the matter over with Mr. Bowers and we both came to the conclusion that it was quite impossible to retain Mr. Rawlings's services, anxious though I am that this should be done, but there was no mode possible by which it could be done.

MR. BOWERS: That is so.

THE CHAIRMAN: I think it is very undesirable that any actual decision of this sort should be come to at this meeting. It is a subject for discussion connected with the report.

MR. WIGAN: I must again say that I understood that in adopting the report we accepted Mr. Rawlings's resignation. I do not want there to be any misunderstanding about that.

THE CHAIRMAN: I think there must be some misunderstanding and I will clear it up. The Board a short time ago had a meeting with the committee of selection and it was then arranged after talking the matter over that in order to bring peace into this institution—a condition of things which has been absent from it some time—that it would be well, if the governors thought proper, that the Board should assent to the recommendation of the committee of inquiry so far as it related, first of all, to the admission of two members of the medical staff to the Board and, secondly, to the abolition of the office of secretary-director. That, I take it, is the main part of the report. There are other recommendations. There are other things which more or less, perhaps, look like condemnations. I have heard with some surprise that a good deal of blame has been attached to the Board and that the committee of inquiry have thrown on them more blame than on Mr. Rawlings. I think you will find if you will refer to the report of the committee of inquiry that upon the whole their opinion as to the condition of the hospital is good, that the management has been satisfactory (cries of "No, no"). Well, I will read the report as I hear somebody dissent: "Two surprise visits to the hospital have been paid by members of our committee, and we have thus made a personal inspection of the whole of the institution and instituted inquiries on the spot into various matters connected with its management. Generally speaking, the hospital was in good order." That is one clause. In another clause, which I cannot put my hand on this moment, I think you will find they say, "We have inquired into the truth of the several allegations made by the medical staff, contained in the statement of the staff, and we find that some of the most important of them are true, that some of them have a foundation of facts, that some are exaggerated, and that others are unsupported by any sufficient evidence. It is our opinion that the defects of the management to which attention was drawn by the statement were deserving of notice and correction but they were never sufficient in magnitude and frequency to render the treatment of the hospital otherwise than good as a whole." In other words, this hospital, like all other human institutions, had its failings. I have no doubt it had. The Board certainly do not profess to be immaculate. They do not claim that their management is absolutely perfect in every respect, but they do claim, and I think that they also have some right to claim, that the hospital is what it is in consequence largely of the action of the Board of Management. Some 25 to 30 years ago, when I was introduced to this institution by one of the founders, the charity was carried on in two little houses in Queen-square. Mr. Rawlings, of whom so much has been said, was then the secretary to the institution. From that time to this the hospital has continued to advance. The medical staff, whatever their feelings may be as to various matters, will not deny that they have from time to time and from year to year, when we have had our festival dinners expressed themselves as perfectly satisfied with the conditions of the hospital and with its advance. There has certainly been no hospital in this country which has increased at a greater rate or attained a greater name than this. No doubt that great name is largely due to the eminence of its medical staff. I for one should be very sorry to attempt to deny the medical staff the honour which is their due, but, on the other hand, the Board of Management claim that some credit is due to them even for the appointment of the medical staff. It is a very important matter to appoint a medical staff, and the Board of Management claim that in their selection they have chosen men who have been a credit to the institution. I think you would find that if an investigation were made in respect of any charity in this country, where the prosecution, if I may term it so, was undertaken by the medical staff, who have an intimate knowledge of all matters of the hospital, if every detail of management were questioned, if every fault that could be pointed out were pointed out to a committee of inquiry composed as this committee of inquiry was, I think that you would find that no institution would come out of that inquiry with a better report than this. I fully expect the medical staff will agree with me in what I say (cries of "No, no"). The defects, such as they are, which have been pointed out by the committee of inquiry, the most important of them at least, are those which were not brought to the knowledge of the Board (cries of "Oh"). I do think that, notwithstanding what is said by the committee of inquiry, and I can hardly think the medical staff themselves can be disposed to deny much that they ought to have brought these matters before the Board (loud cries of "We did"). All I can say is this, speaking for myself as one member of the Board of Management who has attended practically regularly for the last 36 years that these defects were not brought to my knowledge and I cannot help feeling that if they had been brought to the knowledge of the Board as a whole that it is absolutely impossible that I should not have heard of it. I do not propose to delay the meeting with any long expression of opinion on my part. The governors are proposing—and

it is quite a proper course—to defer the questions which have been decided to a committee of their own number, and I will therefore put the resolution unless any other governor would like to address the meeting.

Mr. VICTOR HORSLEY: In the name of the staff I beg to protest against the statement, which is wholly contrary to the fact, in respect to the medical staff not drawing the attention of the Board to those matters. I noticed your words very carefully—they were perhaps legally inspired; you said, "the Board as a whole." Ladies and governors, we have drawn the attention of the secretary-director to all these things. We have been ordered by the Board in a contumelious fashion (as you have heard in this discussion) to do this very thing; and when we did it no notice was taken. And Mr. Pearman comes here and has the audacity to tell you that this medical staff has not done this very thing. I protest in the name of the medical staff against your words.

The CHAIRMAN: In replying to Mr. Horsley, I hope he will not suggest that I intended to be disingenuous. What I said was if any notice of these complaints had been given to the Board I do not see how it was possible that I, as a constant attendant, did not know of it and I individually did not know of it.

Mr. VICTOR HORSLEY: I must accept your explanation, but I do not consider it satisfactory.

The CHAIRMAN: Excuse me a moment. Though I do not think it desirable to continue the discussion I should like to read the thirty-ninth clause of the report.

Sir SYDNEY WATERLOW: I rise to call the meeting to order. Does this discussion arise out of the motion for the appointment of the committee?

The CHAIRMAN: Though we are somewhat irregular I will ask you as a personal matter to allow me to read this thirty-ninth clause of the report: "The statement alleges that the Board of Management have refused to provide for the washing of sufficient bed-linen, and that the attention of the secretary and general director has been directly drawn to the evils alleged in reference to the condition, care, and treatment of the patients, but that no steps have been taken to remove them. These allegations have, in our judgment, not been proved."

Mr. MELVILL GREEN: Let us have no further discussion which is irrelevant. We are not concerned with the past, let it be dead. We cannot alter it, we are concerned with the future that is in our hands.

Sir JAMES CRICHTON BROWNE: Clause No. 77 should be read also, otherwise it is unfair to Mr. Rawlings, whose case will come up for consideration, and one is bound to point out that the Board have for years resisted all these complaints. I would ask particularly that this be read. The following is the clause: "It should be added in justice to Mr. Rawlings that the course he pursued in the case dealt with, and in most of, or perhaps all, his dealings with the medical staff received the approval and support of the Board of Management, that in our opinion he was throughout acting in the manner which he thought to be his duty and which was in the spirit of the instructions which he received from the Board, and that on them rather than on him rests the responsibility for the attitude he assumed towards the medical staff."

The motion was put to the meeting in the amended form and carried unanimously.

Mr. MELVILL GREEN: The third motion is that such committee consist of nine persons, three of whom shall be nominated by the Board of Management, two by the medical staff, and four by the committee appointed on March 23rd, and that four shall form a quorum. It does not propose that they should be named now in this room. Some may perhaps be surprised that the medical staff have not three since the Board has the power of nominating that number, but to this I would say it is desirable to keep the numbers down, and as the medical staff have expressed themselves satisfied with a representation of two on the Board it has been supposed that they would be satisfied with this number on the committee.

Sir SYDNEY WATERLOW: I second this.

Mr. MELVILL GREEN: Some alterations have been suggested by Mr. Bowers which are an improvement. He suggests that such committee consist of nine persons, three of whom shall be appointed, not nominated. And that there be no question that the appointment is complete Mr. Bowers suggests, to avoid going back to the governors, that in the event of death the body by whom the appointment was made shall be at liberty to supply the vacancy.

Sir SYDNEY WATERLOW: I accept those alterations.

Sir FELIX SEMON: May I say one word before voting on behalf of the medical staff? We agree to this very much against our wish and we agree to it really in the interests of peace. It would have been better if this committee had been constituted by the governors without any delegates from the Board or medical staff, just in the same way as the committee of selection was appointed. It would have been open to that committee to ask for technical references from the Board and from the staff. We very much fear that a Board constituted in the manner proposed will simply be a repetition of what has happened on previous occasions. We hope that the gentlemen appointed by the governors will hold the scale. Otherwise it would have been better to simply have a committee nominated by the committee of selection without reference to the Board of Management.

Mr. WIGAN: I should like to know whether the Board are prepared to nominate three members to-day. I might say that our committee are prepared to do so and I hope the medical staff will be prepared also. It would be much wiser if the Board were in that position.

The CHAIRMAN: The Board are not in a position to nominate their members to-day. Next Tuesday, after their meeting, they will be in that position. I do not think there will be any difficulty in the matter. With regard to what Sir Felix Semon said as to the constitution of the committee, he has hardly taken into account the technical points to be discussed and the desirability that the committee shall consist of gentlemen intimately acquainted, not only with hospital matters as a whole, but more particularly with this hospital and upon the matters which are treated of in this report. I see what he means, but it seems to me that the proposed constitution of the committee will be satisfactory.

Mr. MELVILL GREEN: I did not draw the attention of the governors to one fact. The motion does not say "a committee of governors" and it is open to us to select those who are not governors.

Sir SYDNEY WATERLOW: It is true that there may be gentlemen on this committee outside the list of governors who would be very competent. I hope the governors will accept the resolution as it has been moved. I came here and I have learnt a good deal to-day, but I do not feel competent to choose who shall be on this committee to take charge of this hospital until it is reconstituted. Directly they are brought together the management of the hospital will be in their hands. I think it a wise course, which I hope they will follow, to utilise the existing management until some fresh constitution has been accepted by the governors. I hope the governors will not be called upon either to nominate or to appoint persons. I do not feel that they are competent to judge who are the best people to put on the committee.

The motion in its amended form was then put to the meeting and carried unanimously.

Mr. WIGAN: I think before we separate, even if the Board are not disposed to nominate their members, we are, and I think the medical staff also, so that we shall not be the cause of the delay. As everyone will shortly be going out of town it seems to me a great mistake not to decide the matter now.

Sir JOHN PAGET: Mr. Wigan is prepared to nominate the four gentlemen to fill the posts for the committee of selection. The medical staff are also ready with the names of their two members, but the Board are not. Although the Board are behindhand, if it is the wish of the meeting I suggest that the committee of selection should now declare the names of the gentlemen they have chosen.

Mr. MELVILL GREEN: Is it the wish of the meeting that I should give the names of the four persons selected by the committee of selection? (Loud cries of "Yes.") Mr. Timothy Holmes, who was one of the signatories to the report, Mr. Power, who has acted as secretary, Mr. James Wigan, and myself.

Dr. BASTIAN: The medical staff have appointed Dr. Ormerod and Sir Felix Semon.

Mr. WIGAN: I strongly urge the Board to make up their mind.

The CHAIRMAN: The Board nominate Mr. Campbell, Mr. George Russell, and myself as members of the committee.

Mr. MELVILL GREEN: We have done all we can do to-day. I will conclude by expressing our thanks to the chairman for the way in which he has performed his duties.

This was seconded by Dr. BASTIAN and carried.

The CHAIRMAN: I only wish that we had had a more satisfactory and unanimous meeting, but probably the result will be satisfactory to the hospital, and if so we shall all be satisfied.

The meeting then terminated.

BOOKS, ETC., RECEIVED.

BAILLIÈRE, TINDALL, AND COX, Strand, London.

Handbook of Public Health, Laboratory Work, and Food Inspection. By O. W. Andrews. Price 7s. 6d.

BLACK, ADAM AND CHARLES, London.

Sexual Dimorphism in the Animal Kingdom. By J. T. Cunningham, M.A. Price 12s. 6d.

BRAUMÜLLER, WILHELM, Wien and Leipzig.

Malaria: ihr Wesen, ihre Entstehung und ihre Verhütung. By Dr. Fritz Kerschbaumer. Price 7 marks.

CASSELL AND CO., London.

Surgical Diseases of the Kidney and Ureter. By Henry Morris, M.A., M.B., &c. Two vols. Price 42s.

CHURCHILL, J. AND A., Great Marlborough-street, London.

Epilepsy and other Chronic Convulsive Diseases. By Sir W. R. Gowers, M.D., &c. Second edition. Price 10s. 6d.

Operative and Inoperative Tumours of the Urinary Bladder. By E. Hurry Fenwick, F.R.C.S. Price 5s.

FISCHER, GUSTAV, Jena.

Allgemeine Physiologie. By Max Verworn, M.D. Price 15 marks.

Das Wachstum und die Verbreitungswege des Magencarcinoms. By Dr. Robert Borrmann. Price 16 marks.

FOWLER AND CO., Imperial Arcade, Ludgate-circus, London.

Your Mesmeric Forces and How to Develop Them. By Frank Randall. Price 2s. 6d.

GREGORY, E., William-street, Brisbane.

Intercolonial Medical Congress of Australia. Transactions of the Fifth Session, September, 1899. Price not stated.

HIRSCHWALD, AUGUST, Berlin.

Die Entzündlichen Erkrankungen des Darms in der Regio ileocoecalis und ihre Folgen. By Dr. Richard Lenzmann. Price 10 marks.

KARGER, S., Berlin.

Pemphigus des Auges. By Dr. E. Pergens. Price 2 marks.

KEGAN PAUL, TRENCH, TRÜBNER, AND CO., London.

Hypnotism and Suggestion in Therapeutics, Education, and Reform. By R. Osgood Mason, A.M., M.D. Price 6s.

KIMPTON, HENRY, Furnival-street, London.

Progressive Medicine: A Quarterly Digest of Advances, Discoveries, and Improvements in the Medical and Surgical Sciences. Edited by Hobart Amory Hare, M.D., and H. H. M. Landis, M.D. Price not stated.

KÜNDIG, HENRY, Genève.

Formes Cliniques de la Tuberculose Pulmonaire. By Dr. L. Bard. Price 1 mark 60 pfennige.

Gynæcologia Helvetica. By Dr. O. Beuttner. Price 3 marks.

LONGMANS, GREEN AND CO., Paternoster-row, London.

A Manual of Surgical Treatment. By W. Watson Cheyne and F. F. Burghard. Part V. Price 18s.

MACLEHOSE AND SONS, Glasgow.

Glasgow Hospital Reports. Vol. iii. Price not stated.

MACMILLAN AND CO., London.
School Hygiene. By E. R. Shaw. Price 4s. 6d.

NAUD, C., Rue Racine, Paris.
Les Processus Généraux. By MM. A. Chantemesse and W. W. Podwyssotsky. Price not stated.
Cliniques Médicales Iconographiques. By MM. P. Haushalter and others. Price 50 francs.

PENTLAND, YOUNG J., Edinburgh and London.
A Practical Guide to Meat Inspection (Walley). Rewritten and enlarged by Stewart Stockman, M.R.C.V.S. Price not stated.
The Edinburgh Medical Journal. Edited by Dr. G. A. Gibson. Vol. ix. Price not stated.

PHILIP AND SON, Fleet-street, London.
Rhodes's Steamship Guide. Edited by Thomas Rhodes. Price not stated.

STEINHEIL, GEORGE, Rue Casimir Delavigne, Paris.
De l'Obésité. By Dr. G. Leven. Price not stated.
Chirurgie Gastro-Intestinale. By Henri Hartmann. Price not stated.

SWAN SONNENSCHEIN AND CO., Paternoster-square, London.
A Treatise on Plague. By Major G. S. Thomson and Dr. J. Thomson. Price 7s. 6d.

UNIVERSITY PRESS, Cambridge.
A Manual of School Hygiene. Written for the Guidance of Teachers in Day Schools. By E. W. Hope, M.D., and E. A. Browne, F.R.C.S.E. Price 3s. 6d.

UNWIN, T. FISHER, Paternoster-square, London.
The Gods, Some Mortals, and Lord Wickenham. By John Oliver Hobbes. Price 2s.
Sister Teresa. By George Moore. Price 6s.
Evelyn Innes. By George Moore. Price 6d.;

VIGOT FRÈRES, Paris.
Thérapeutique Chirurgicale et Chirurgie Journalière. By G. Phocas. Price not stated.

WAHR, GEORGE, Ann Arbor, Michigan.
Laboratory Work in Histology. By G. Carl Huber, M.D. Price not stated.

WILSON, EFFINGHAM, Royal Exchange, London.
Executors and Administrators: their Functions and Liabilities, "How to Prove a Will." By G. F. Emery, LL.M. Second edition. Price 2s.

WRIGHT AND CO., Bristol.
Golden Rules of Hygiene. By F. J. Waldo, M.A., M.D., &c. Price 1s.

Appointments.

Successful applicants for Vacancies, Secretaries of Public Institutions, and others possessing information suitable for this column, are invited to forward it to THE LANCET *Office, directed to the Sub-Editor, not later than 9 o'clock on the Thursday morning of each week, for publication in the next number.*

ANDERSON, A. J., M.B. Oxon., M.R.C.S. Eng., D.P.H. Cantab., has been appointed Medical Officer of Health of Cape Town.

ANDERTON, J. E., L.R.C.P. Edin., has been re-appointed Medical Officer of Health of the New Mills (Derbyshire) Urban Sanitary District.

BADCOCK, G. W., L.D.S. Eng., has been appointed Dental House Surgeon at Guy's Hospital.

BAMFORD, T., M.R.C.S. Eng., L.R.C.P. Lond., has been appointed Medical Officer of Health of the Uttoxeter (Staffordshire) Urban Sanitary District.

BARLOW, T. W. N., M.R.C.S. Eng., L.R.C.P. Lond., D.P.H. Camb., has been appointed Medical Officer of Health of the Borough of Bootle, Visiting Medical Officer of the Linacre Hospital, and Surgeon to the Police and Fire Brigade.

BOSTOCK, A. S., M.R.C.S. Eng., has been re-appointed Medical Officer of Health of Westhampnett (Chichester) Rural Sanitary District.

BROWN, R. C., M.B., B.C. Camb., has been appointed Medical Officer of Health of Diss (Norfolk) Urban Sanitary District.

BURNETT, W. E. S., L.R.C.P., L.R.C.S. Edin., has been re-appointed Medical Officer of Health of Hollingworth Urban District.

CLOGG, A. H., L.D.S. Eng., has been appointed Dental House Surgeon at Guy's Hospital.

CONNON, MIDDLETON, M.B., C.M. Aberd., has been appointed Medical Officer of Montrose Prison.

COOPER, LUDFORD, L.R.C.P. Lond., M.R.C.S. Eng., has been appointed Assistant Ophthalmic Surgeon to St. Bartholomew's Hospital, Rochester.

DUNN, P. H., L.R.C.P. Lond., M.R.C.S. Eng., has been appointed Medical Officer of Health of Stevenage (Hertfordshire) Urban Sanitary District.

EDWARDS, R. J. Ll., M.B., C.M. Glasg., has been appointed Medical Officer for No. 1 District and for the Workhouse of Swansea Union.

GARDNER, A., M.B., C.M. Edin., has been re-appointed Medical Officer of Health of Kirby Moorside (Yorkshire), Urban Sanitary District.

GRAY, W. G., L.R.C.P. Edin., M.R.C.S. Eng., has been re-appointed Medical Officer of Health of Holsworthy (Devon) Urban Sanitary District.

GRIFFIN, W. WATSON, M.B. New Zealand, F.R.C.S. Eng., has been appointed Ophthalmic Surgeon to the Sussex County Hospital, Brighton.

HUGHES, JAMES BRIERLEY, M.R.C.S. Eng., L.S.A., has been appointed Consulting Medical Officer of the Macclesfield General Infirmary.

HUGHES, JOHN BRIERLEY, M.B., B.C. Cantab., M.R.C.S. Eng., L.R.C.P. Lond., has been appointed a member of the Honorary Medical Staff of the Macclesfield General Infirmary.

MACDONALD, G. B. D., M.B., C.M. Aberd., has been appointed Vaccinator at Branxholme, Victoria.

MEIKLE, R. H., M.B., C.M. Glasg., has been appointed Medical Officer of Health of the Darlington Rural District.

MORRIS, E. W., L.R.C.P. Lond., M.R.C.S. Eng., has been appointed Assistant Health Officer at Port Adelaide, South Australia.

PONDER, C. F., M.B., Ch.M. Edin., has been appointed Vaccinator at Mathinna, Tasmania.

PROBYN-WILLIAMS, R. J., M.D. Durh., has been appointed Lecturer and Instructor in Anæsthetics at the London Hospital.

ROBERTSON, W., M.R.C.S. Eng., L.R.C.P. Lond., has been appointed Vaccinator at Tapanui, New Zealand.

ROBINSON, T. H., M.D., Ch.M. Edin., has been appointed District Medical Officer and Vaccinator at Albany, Western Australia.

STANG, T., L.R.C.P., L.R.C.S. Edin., L.F.P.S. Glasg., has been appointed Acting Health Officer of the Shire of Echuca, Victoria, and Acting Vaccinator at Rochester, Victoria.

WADE, CHARLES, L.R.C.P. Lond., M.R.C.S. Eng., has been appointed Medical Officer for the Boscastle District of the Camelford Union, vice Arthur Wade, M.R.C.S. Eng., L.S.A., J.P., resigned.

WITHERS, OLIVER, M.D. Durh., L.R.C.P. Lond., M.R.C.S. Eng., has been appointed Medical Officer of Health of Sale, Cheshire.

Vacancies.

For further information regarding each vacancy reference should be made to the advertisement (see Index).

BELFAST DISTRICT LUNATIC ASYLUM.—Locum Tenens. Salary £3 3s. per week, with residence and allowances.

BRIGHTON, HOVE, AND SUSSEX THROAT AND EAR HOSPITAL, Church-street, Queen's-road, Brighton.—House Surgeon for six months. Salary at rate of £75 per annum.

BRISTOL ROYAL INFIRMARY.—Anæsthetist and Junior House Surgeon. Also Casualty Officer. Both for six months. Salary at rate of £50 per annum, with board, lodging, and washing.

BROWNLOW HILL WORKHOUSE, Liverpool.—Assistant Medical Officer. Salary £80 per annum, with rations and allowances.

CARLISLE DISPENSARY.—Resident Surgeon, unmarried. Salary £150 per annum, with apartments.

CHESHIRE COUNTY ASYLUM, Macclesfield.—Locum Tenens for two months. Terms £3 3s. per week, with railway fare both ways.

CHESTER GENERAL INFIRMARY.—House Physician. Salary £90 per annum, with residence and maintenance.

CUMBERLAND AND WESTMORLAND ASYLUM, Garlands, Carlisle.—Senior Assistant Medical Officer, unmarried. Salary £150 a year, rising to £180, with board, lodging, &c.

DAVID LEWIS NORTHERN HOSPITAL, Liverpool.—Assistant House Surgeon. Salary £70 per annum, with residence and maintenance.

DENBIGHSHIRE INFIRMARY, Denbigh.—House Surgeon. Salary £100, with board residence, and washing.

DEVON COUNTY ASYLUM, Exminster, near Exeter.—Third Assistant Medical Officer. Salary £125, rising to £150, with board, lodging, &c.

DEVONSHIRE HOSPITAL, Buxton, Derbyshire.—Assistant House Surgeon. Salary £50 per annum, with furnished apartments board, and washing.

EAST SUFFOLK AND IPSWICH HOSPITAL.—Second House Surgeon, unmarried. Salary £80 per annum, with board, lodging, and washing.

ESSEX COUNTY ASYLUM, Brentwood.—Junior Assistant Medical Officer. Salary £120 per annum.

FISHERTON ASYLUM.—Assistant Medical Officer. Salary £150 per annum, with board, lodging, and washing.

GERMAN HOSPITAL, Dalston.—Honorary Assistant Physician and Honorary Assistant Surgeon.

GREAT NORTHERN CENTRAL HOSPITAL, Holloway, N.—House Physician and Junior House Physician, both for six months. Salary of the former at the rate of £60, of the latter at the rate of £30 per annum, with board, lodging, and washing. Also Non-Resident Assistant House Surgeon for six months. Salary at the rate of £30 per annum, and luncheon and dinner.

HOSPITAL FOR DISEASES OF THE SKIN, Stamford-street, Blackfriars, S.E.—Hon. Assistant Physician or Assistant Surgeon.

HOSPITAL FOR SICK CHILDREN, Newcastle-on-Tyne.—Resident Medical Officer. Salary £100, with board, lodgings, and laundry.

HULL ROYAL INFIRMARY.—Casualty Officer. Salary £60 per annum, with board and lodging.

HULME DISPENSARY, Manchester.—Honorary Physician.

INDIAN MINING ASSOCIATION, Bengal.—Assistant Medical Officer, unmarried. Salary Rs.300 per mensem, with house, horse, and travelling allowance.

KENT AND CANTERBURY HOSPITAL.—Assistant House Surgeon, unmarried. Salary £60 a year, with board and lodging.

LEICESTER INFIRMARY.—Clinical Clerk and Dresser. Honorarium £10 10s. for six months, with apartments, board, and washing.

LIVERPOOL DISPENSARIES.—Assistant Surgeon, unmarried. Salary £100 per annum, with board and apartments.

LIVERPOOL PORT SANITARY AUTHORITY.—Assistant Medical Officer of Health. Salary £300 per annum.

LONDON HOSPITAL, Whitechapel, E.—Assistant Director of the Pathological Institute. Salary £200 per annum.

LONDON LOCK HOSPITAL, 91, Dean-street, W.—House Surgeon to the Male Hospital. Salary £60 per annum, with board, lodging, and washing.

LONDON MEDICAL MISSION, 33, Short's-gardens, Endell-street, W.C.—Medical Superintendent.

MANCHESTER ROYAL EYE HOSPITAL.—Junior House Surgeon. Salary £30, with residence, board, and washing.

NEWCASTLE-UPON-TYNE CITY LUNATIC ASYLUM.—Second Assistant Medical Officer, unmarried. Salary £140 a year, rising to £160.

NORTH LONDON HOSPITAL FOR CONSUMPTION, Hampstead.—Junior Resident Medical Officer for six months. Honorarium at rate of £60 per annum.

NORTH STAFFORDSHIRE INFIRMARY AND EYE HOSPITAL, Hartshill, Stoke-upon-Trent.—Assistant House Surgeon for six months. Board, apartments, and washing, and at least £10 at the end of six months.

NORTH-WEST LONDON HOSPITAL.—Assistant Physician.

NOTTINGHAM GENERAL DISPENSARY.—Senior Resident Surgeon. Salary £200 per annum, increasing by £15 every year. Also two Assistant Resident Surgeons. Salaries £160 per annum each, increasing by £10 every year, furnished apartments, attendance, light, and fuel. Unmarried.

OLDHAM INFIRMARY.—Senior House Surgeon. Salary £100 per annum, with board, washing, and residence; also Junior, £75 per annum, with board, residence, and washing.

OWENS COLLEGE, Manchester.—Senior and Junior Demonstrator in Physiology. Stipends £150, rising to £200, and £100, rising to £150 respectively.

PARISH OF ST. GILES, CAMBERWELL.—Assistant Medical Superintendent for the Infirmary and Workhouse. Salary £150 per annum, with apartments, board, and washing.

ROYAL ALBERT HOSPITAL, Devonport.—Assistant House Surgeon for six months. Salary at rate of £50 per annum, with board, lodging, and washing.

ROYAL CORNWALL INFIRMARY.—House Surgeon, unmarried. Salary £100, increasing by £10 a year, with board (excluding stimulants) and apartments.

ROYAL HOSPITAL FOR CHILDREN AND WOMEN, Waterloo Bridge-road, S.E.—Assistant Surgeon.

ROYAL HOSPITAL FOR DISEASES OF THE CHEST, City-road, E.C.—House Physician for six months. Salary at rate of £60 per annum, with furnished apartments, board, and washing.

ROYAL SEA-BATHING HOSPITAL, Margate.—Assistant Resident Surgeon. Salary £70 per annum, with board and residence.

ROYAL SOUTH HANTS AND SOUTHAMPTON HOSPITAL.—Junior House Surgeon for six months. Salary at rate of £50 per annum, with rooms, board, and washing.

ROYAL SURREY COUNTY HOSPITAL, Guildford.—Assistant House Surgeon. Salary £75, with board, residence, and laundry.

RURAL DISTRICT COUNCIL OF AUCKLAND.—Medical Officer of Health. Salary £350 per annum.

ST. GEORGE'S RETREAT, Burgess Hill, Sussex.—Resident Assistant.

SALOP INFIRMARY.—Assistant House Surgeon. Salary at the rate of £40 per annum, with board and washing.

TAUNTON AND SOMERSET HOSPITAL, Taunton.—Assistant House Surgeon for six months. Salary at the rate of £80 per annum, with board, lodging, and washing.

UNIVERSITY OF SYDNEY, New South Wales.—Professor of Pathology. Salary £900 per annum. Pension £400 per annum after twenty years service. £100 allowed for passage.

WEST BROMWICH DISTRICT HOSPITAL.—House Surgeon, unmarried. Salary £100 per annum, with board, residence, and washing.

WEST HAM HOSPITAL, Stratford, E.—Junior House Surgeon. Salary £75 per annum, with board, residence, &c.

WEST RIDING ASYLUM, Wadsley, near Sheffield.—Third Assistant Medical Officer. Salary £150, with board, &c., rising £10 annually to £200. Also Fifth Assistant Medical Officer to act as Pathologist. Salary £140 per annum, with board, &c., rising £10 annually to £180.

WILLESDEN URBAN DISTRICT COUNCIL ISOLATION HOSPITAL.—Medical Superintendent and Assistant Medical Officer of Health. Salary £350 per annum with allowance of £50 per annum for residence.

WOLVERHAMPTON AND STAFFORDSHIRE GENERAL HOSPITAL.—Assistant House Physician for six months. Honorarium at rate of £75 per annum, with board, lodging, and washing. Also Assistant House Surgeon for six months. Honorarium at rate of £75 per annum, with board, lodging, and washing.

WORKSOP DISPENSARY AND VICTORIA HOSPITAL.—House Surgeon and Dispenser, unmarried. Salary £150 per annum, with rooms and attendance.

YORK DISPENSARY.—Resident Medical Officer, unmarried. Salary £110 a year, with board, lodging, and attendance.

Births, Marriages, and Deaths.

BIRTHS.

BENNETTS.—On July 1st, at Boxeat, Northants, the wife of F. Bennetts, M.R.C.S., L.R.C.P., of a daughter.

COLLIER.—On July 7th, the wife of H. W. Collier, M.B., B.S. Lond., of Lee Park, Blackheath, of a son.

COOPER.—On July 4th, at Shirley-road, Southampton, the wife of W. F. Cooper, L.R.C.P., L.R.C.S., of a son.

CORKERY.—On July 2nd, at Alfreton, Derbyshire, the wife of T. Corkery M.D., of a son.

GROSS.—On July 3rd, at Commercial-street, E., the wife of Phineas Gross, L.R.C.P. Lond., M.R.C.S. Eng., of a son.

JOY.—On July 2nd, at Bradfield, near Reading, Berkshire, the wife of Norman R. Joy, M.R.C.S., of a daughter.

NICHOL.—On July 6th, 1901, at 11, Ethelbert-terrace, Margate, the wife of Frank Edward Nichol, of a daughter.

POLLARD.—On July 5th, at Stanley-road, Liverpool, the wife of G. W Pollard, M.D. Edin., of a daughter.

SCORER.—On July 7th, at Maplestead, Old Christchurch-road, Bournemouth, the wife of Frank, Scorer, M.R.C.S., L.R.C.P., of a son.

WHITELOCKE.—On July 8th and 9th (midnight), at Banbury-road, Oxford, the wife of Richard Henry Anglin Whitelocke, M.B., M.Ch., F.R.C.S. Eng., of twin daughters.

MARRIAGES.

ANDREWS—HORNER.—On July 4th, at the parish church, Tonbridge, by the Rev. C. G. Baskerville, Henry Arthur Andrews, M.R.C.S., of Tonbridge, to Amy Diana Frances, daughter of the late A. C. Horner, M.R.C.S., of Tonbridge.

ARCHDALL—BAYLEY.—On July 3rd, at St. Edmund's, Northampton, by the Rev. J. E. Hopkins, Mervyn T. Archdall, L.R.C.P., L.R.C.S. Edin., L.F.P.S. Glasg., of Rickmansworth, to Maude, daughter of J. Bayley, M.R.C.S. Eng., L.S.A.

BULL—CROOK.—On July 3rd, at the Church of St. Peter and St. Paul, Weobley, Herefordshire, by the Rev. R. S. P. Chesshire, Harry Ashworth Bull, M.R.C.S. Eng., L.R.C.P. Lond., to Edith Marian, daughter of the Rev. James Crook.

CHARLES—HODGSON.—On July 8th, at the parish church, Handsworth, Staffordshire, by the Right Rev. the Bishop of Shrewsbury, John Roger Charles, M.D., to Alice Mary Gertrude, daughter of the Venble. Robert Hodgson, rector of the parish and Archdeacon of Stafford.

DUPONT—PURCHASE.—On July 2nd, at St. Mary's, Oatlands, by the Rev. A. Prosser, assisted by the Rev. H. Townend, G. H. Dupont, M.D., of Twickenham, to Emily Mabel, youngest daughter of A. E. Purchase, of Rosslyn Lodge, Weybridge, Surrey.

FOOKS—APPLETON.—On June 20th, at St. Paul's Church, Shanklin, Isle of White, by the Rev. A. W. Stockley, Walter Pemberton Fooks, M.A., M.B., B.C. Cantab., of Isleworth, to Maud Mary, fourth daughter of Lieut.-Col. Appleton, of Alresford Lodge, Shanklin, Isle of Wight.

FOX—HUGHES.—On July 4th, at Holy Trinity Church, East Finchley, by the Rev. A. Hughes, Hugh Watson, M.R.C.S., L.R.C.P., to Flora Rosalind Ada Crawford, daughter of Walter Hughes.

HEWETSON—WOOLLEY.—On July 6th, at the Methodist Free Church, Foxhill Bank, Accrington, by the Rev. W. C. Rank, the Rev. John Greenwood, and the Rev. J. J. Layland, John T. Hewetson, M.D., F.R.C.S. Eng., son of Mr. Pearson Hewetson of Townfoot, Brampton, Cumberland, to Bertha, younger daughter of Mr. Edward Woolley of Accrington. At home, 85, Edmund-street, Birmingham, Sept. 10th, 11th, 12th.

HUNNARD—POOLE.—On July 9th, at Llanbeblig Church, Carnarvon, by the Rev. J. W. Wynn Jones, Arthur Hunnard, M.B., B.S. Lond., to A. E. Cicely Poole.

KNOX—ROCHE.—On July 9th, at the parish church, Weston-super-Mare, by the Rev. B. Morris, Robert George Knox, M.R.C.S., L.R.C.P., to Annette, daughter of the late Mr. Francis Roche.

RISELEY—CLEAVER.—On July 4th, at St. John's Church, Ranmoor, Sheffield, by the Rev. J. G. Williams, vicar, Dr. Stanley Riseley, son of Henry L. Riseley, Esq., of Bristol, to Gladys Muriel, only child of the late Dr. W. J. Cleaver and Mrs. Cleaver, of Rutland Park, Sheffield.

STOKES—GREY.—On July 9th, at the Church of St. Michael and All Angels, Bedford-park, by the Rev. Arthur Stokes, John Wilfred Stokes, M.R.C.S., L.R.C.P. Eng., to Doris Louisa, daughter of Mr. and Mrs. Gray.

THORPE—VEALE.—On July 6th, at Emmanuel Church, Plymouth, by the Rev. G. B. Berry, William George Thorpe, M.D., to Alice Rose, daughter of the late William R. L. Veale.

DEATHS.

BAGOT.—On July 7th, at Leinster-square, Dublin, Edward Bagot, F.R.C.S.I., late of Enniskillen.

DE'ATH.—On July 7th, at Buckingham, George Hanby De'ath, L.R.C.P. Lond., M.R.C.S. Eng., aged 39 years.

HALLIDAY.—On July 8th, at Nottingham-street, Marylebone, Middleton Wood Halliday, L.D.S. R.C.S. Eng., aged 60 years.

KNOTT.—On July 5th, at The Croft, Camberley, Thomas Henry Knott, M.R.C.S. Eng., L.S.A., Inspector-General of Hospitals and Fleets, Royal Navy, aged 59 years.

PURCHAS.—On July 6th, Thomas Beswick Purchas, M.D., Dep.-Ins.-Gen. R.N., aged 76 years.

N.B.—A fee of 5s. is charged for the insertion of Notices of Births, Marriages, and Deaths.

Notes, Short Comments, and Answers to Correspondents.

THE MART FOR BEAUTY.

IT was James Thomson, the poet of "The Seasons," who remarked that "Loveliness needs not the foreign aid of ornament, but is when unadorned adorned the most." A study of the advertisement columns of the *Morning Post* for July 10th shows that loveliness if guiltless of ornament can apparently only be won by a great deal of trouble and a large expenditure of money. Is a lady too fat, then let her use Slenderine, which never causes irritation even if used to reduce a double chin. Mrs. Delia P. Watson has proof of the accuracy of this statement in her possession. Or she may consult Miss Johnson who desires to draw special attention to the new Zobelle treatment for obesity, hip reduction a special feature. The freaks of fashion are past understanding, for last year, if we remember rightly, or the year before, every woman with any pretensions to beauty wore artificial hips of portentous size. Should either of these treatments fail the too-stout sufferer can try anti-obesity pastilles, to be obtained from Mrs. Barry; or, again, Mrs. Gallop will reduce her five or six pounds weekly. Let us now consider the case of women who are thin and wrinkled. Madam Adair has introduced a wonderful Eastern oil which, according to Mrs. Deborah Primrose, fills up hollows, makes the skin smooth and white, removes all sorts of lines, while the skin tonic removes puffiness under the eyes. Its cost, we note, is but small—£1 10*s.* 6*d.* per bottle, or a sample for 10*s.* 6*d.* We gather, however, that this wonderful oil does not always succeed, for Madame (with an *e* this time) has another card to play. Wrinkles, she points out, are absolutely removed by the new Strapping Massage. Finally, we come to a lady who goes in for no half measures. Matthews Duncan used to say, "If you don't believe in yourself nobody else will," and the lady in question has evidently heard this saying, for we read: "Sister Hope Raymond (late of a well-known London hospital). New Scientific Treatment Daily: Unfailing remedy for all diseases; recommended by the medical profession."

We do not suppose that any of the above treatments would do any actual harm, and if anyone is fool enough to pay one and a half guineas for a bottle of oil the cost price of which is probably one and a half shillings or less, let them do it. But they may all do potential harm by preventing people from seeking skilled advice and the advertisements are misleading. But of Sister Hope Raymond's statement we can only say one thing—it is a lie. There is no such thing as an unfailing remedy for all diseases, neither has one been recommended by the medical profession. Quacks will continue to flourish so long as there are fools who go to them, but it is sad to see the columns of a respectable journal such as the *Morning Post* given up to spreading such trash abroad.

EXPENSES AT CARLSBAD AND HOMBURG.

To the Editors of THE LANCET.

SIRS,—Could you inform me through the medium of THE LANCET the probable cost of one month's stay at Carlsbad or Homburg for a bachelor in August or September?

I am, Sirs, yours faithfully,

July 5th, 1901. L.R.C.P. EDIN.

*** The question is somewhat difficult to answer, as expenses depend so much upon the kind of accommodation. We should think, however, that from 12*s.* to 24*s.* per diem would cover expenses. But our correspondent had better write to some of the hotels and ask.—ED. L.

THE FREAKS OF MEMORY.

To the Editors of THE LANCET.

SIRS,—The following appeared some time ago in the *Standard*. A sailor, speaking French and Portuguese, had an accident to his head which caused him entirely to lose the faculty of speech. Unable to continue his work as a sailor, he got work to do at a market gardener's not far from Portsmouth and remained with this man for 15 years. One day when he had been near the guns when practising was going on and the noise had been great and sudden he regained his speech, but could speak *only* English, having completely forgotten both French and Portuguese. Perhaps you may have had a note of this case, or if not if you will be good enough to insert this in your journal one of your readers may be able to substantiate the case and perhaps to direct me where I could find further details.—I am, Sirs, yours faithfully,

Zürich, July 7th, 1901. A. PARISS.

"MEDICAL TESTIMONIALS."

To the Editors of THE LANCET.

SIRS,—I note that your attention has been called to a circular issued by the Quadrant Cycle Company containing a letter from me together with my name. I wish you to know that on learning that this circular had been issued I at once requested the Quadrant Company to withdraw it, and explained to them that the use of a medical man's name is contrary to professional custom. They wrote me: "We hasten to express to you our deep regret that we should have infringed, unknowingly, the etiquette of the medical profession by the publication of your testimonial in the form in which it appears. ..... The fact that the circular is addressed by us to medical men shows how unconscious we were of any breach of professional usage." It appears that the company understood from their local representative that I had given him verbal permission to use my letter as a testimonial. In this, however, they were misinformed, as what I really said was that I had no objection to my letter being used *provided that my name did not appear*. I blame the company for using my name without writing for permission to do so, which would, of course, have been refused. I also blame myself for [sending the letter without at the same time stating in writing that my name must not be used.

I am, Sirs yours faithfully,

July 8th, 1901. W. E. FOTHERGILL.

P.S.—At my request by telegram the editor of the *C. T. C. Gazette* wired instructions to the printer to remove my name, &c., from the Quadrant advertisement in the *Gazette* for July. He was, however, too late, the advertisement sheets having been printed already. An explanation of the mistake will be sent for publication in the next number of the *Gazette*.—W. E. F.

"HOMES FOR INEBRIATES."

THE Principal of Tower House, Westgate-on-Sea, informs "Phenad" that such an arrangement as he suggests might be made with the authorities of the same. He invites particulars.

"THE TREATMENT OF ACNE."

To the Editors of THE LANCET.

SIRS,—In reply to your correspondent "Acne" in THE LANCET of July 6th, p. 63, who desires the best treatment for acne, I think if he will carefully consider the items of his diet he may find the cause lying therein, and he ought immediately to abstain from the "food" which to him may be a "poison." Examples of this are well known in such things as tomatoes, crayfish, gooseberries, vinegar, highly seasoned dishes, &c. Meanwhile, let him put himself on a course of the following medicine, taking particular care that it is taken on an "almost empty" stomach before meals: four grains of sulphate of iron, from a half to one drachm of sulphate of magnesia, 10 minims of dilute sulphuric acid, 10 minims of tincture of ginger, five minims of glycerine of carbolic acid, and one ounce of chloroform water. Two tablespoonfuls twice a day to be taken on an almost empty stomach one hour before meals (i.e., at 12 noon and 4 P.M. if he breakfasts at 9 A.M. and has luncheon at 1 P.M.).

I am, Sirs, yours faithfully,

A. ALISON BRADBURNE.

"ANTI-RHEUMATIC RINGS."

To the Editors of THE LANCET.

SIRS,—I am assailed on all sides with the wonders these magic rings produce. Has any reader of your paper been curious enough to analyse the yellow substance that is stated to be deposited at *only* certain periods beneath the ring, and has also the composition of the ring been examined? I have always maintained that the ring was iron and the deposit rust. Not having been enterprising enough to analyse the substances myself I should be glad to learn if this is so, as I want to be able to pulverise those people who fondly imagine that of all things the deposit is uric acid. I am, Sirs, yours faithfully,

July 2nd, 1901. M.D.

*** Our correspondent will find an analysis of an "anti-rheumatic ring" given in THE LANCET of March 2nd, 1901, page 676.—ED. L.

J. L.—No. 1 Radam Microbe Killer contained 0·072 gramme free sulphur dioxide in 100 cubic centimetres, also 0·045 gramme salts and 0·5 gramme sulphuric acid. The rest was water. Radam's Microbe Killer No. 2 contained 0·07 gramme free sulphur dioxide, 0·03 gram salts, and 0·60 gramme sulphuric acid in 100 cubic centimetres. The rest was water. It is probable that both these liquids were originally stronger in sulphur dioxide, which to some extent has disappeared in favour of sulphuric acid, its oxidation product. As our correspondent knows, sulphur dioxide is a strong antiseptic and bleaching agent, and according to some authorities has been used with success as an anti-fermentative in dyspepsia.

M.D. has not stated the case with sufficient clearness. We cannot understand what position B held towards A. The whole matter, however, appears to be very small and it would be a great pity to allow any disagreement between professional colleagues to arise from it. As there is much to be said for both views why should not the fee be halved?

Clara.—The proceeding may have had some permanent effect. This, however, is not likely. The question is one that may well be put to our correspondent's family medical man.

COMMUNICATIONS not noticed in our present issue will receive attention in our next.

During the week marked copies of the following newspapers have been received:—*Bristol Mercury, Liverpool Daily Post, Yorkshire Post, Hertfordshire Mercury, Mining Journal, Windsor and Eton Express, South African News, Leeds Mercury, Reading Mercury, Surrey Advertiser North Wales Chronicle, Weekly Free Press (Aberdeen), &c.*

METEOROLOGICAL READINGS.

(Taken daily at 8.30 a.m. by Steward's Instruments.)

THE LANCET Office, July 11th, 1901.

Date.	Barometer reduced to Sea Level and 32° F.	Direction of Wind.	Rainfall.	Solar Radia in Vacuo.	Maximum Temp. Shade.	Min. Temp	Wet Bulb.	Dry Bulb.	Remarks at 8.30 A.M.
July 5	30·09	N.W.	...	125	87	62	65	71	Hazy
,, 6	30·08	N.W.	...	110	75	64	64	68	Hazy
,, 7	30·20	N.E.	...	98	69	58	60	61	Overcast
,, 8	30·21	E.	...	124	78	55	58	63	Hazy
,, 9	30·05	E.	...	106	80	55	57	62	Cloudy
,, 10	30·05	E.	...	122	85	58	60	65	Hazy
,, 11	30·09	ENE	...	121	86	59	63	68	Hazy

Medical Diary for the ensuing Week.

OPERATIONS.

METROPOLITAN HOSPITALS.

MONDAY (15th).—London (2 P.M.), St. Bartholomew's (1.30 P.M.), St. Thomas's (3.30 P.M.), St. George's (2 P.M.), St. Mary's (2.30 P.M.), Middlesex (1.30 P.M.), Westminster (2 P.M.), Chelsea (2 P.M.), Samaritan (Gynæcological, by Physicians, 2 P.M.), Soho-square (2 P.M.), Royal Orthopædic (2 P.M.), City Orthopædic (4 P.M.), Gt. Northern Central (2.30 P.M.), West London (2.30 P.M.), London Throat (2 P.M.).

TUESDAY (16th).—London (2 P.M.), St. Bartholomew's (1.30 P.M.), Guy's (1.30 P.M.), St. Thomas's (3.30 P.M.), Middlesex (1.30 P.M.), Westminster (2 P.M.), West London (2.30 P.M.), University College (2 P.M.), St. George's (1 P.M.), St. Mary's (1 P.M.), St. Mark's (2.30 P.M.), Cancer (2 P.M.), Metropolitan (2.30 P.M.), London Throat (2 P.M. and 6 P.M.), Royal Ear (3 P.M.), Samaritan (9.30 A.M. and 2.30 P.M.), Throat, Golden-square (9.30 A.M.).

WEDNESDAY (17th).—St. Bartholomew's (1.30 P.M.), University College (2 P.M.), Royal Free (2 P.M.), Middlesex (1.30 P.M.), Charing-cross (3 P.M.), St. Thomas's (2 P.M.), London (2 P.M.), King's College (2 P.M.), St. George's (Ophthalmic, 1 P.M.), St. Mary's (2 P.M.), National Orthopædic (10 A.M.), St. Peter's (2 P.M.), Samaritan (9.30 A.M. and 2.30 P.M.), Gt. Ormond-street (9.30 A.M.), Gt. Northern Central (2.30 P.M.), Westminster (2 P.M.), Metropolitan (2.30 P.M.), London Throat (2 P.M.), Cancer (2 P.M.), Throat, Golden-square (9.30 A.M.).

THURSDAY (18th).—St. Bartholomew's (1.30 P.M.), St. Thomas's (3.30 P.M.), University College (2 P.M.), Charing-cross (3 P.M.), St. George's (1 P.M.), London (2 P.M.), King's College (2 P.M.), Middlesex (1.30 P.M.), St. Mary's (2.30 P.M.), Soho-square (2 P.M.), North-West London (2 P.M.), Chelsea (2 P.M.), Gt. Northern Central (Gynæcological, 2.30 P.M.), Metropolitan (2.30 P.M.), London Throat (2 P.M.), St. Mark's (2 P.M.), Samaritan (9.30 A.M. and 2.30 P.M.), Throat, Golden-square (9.30 A.M.).

FRIDAY (19th).—London (2 P.M.), St. Bartholomew's (1.30 P.M.), St. Thomas's (3.30 P.M.), Guy's (1.30 P.M.), Middlesex (1.30 P.M.), Charing-cross (3 P.M.), St. George's (1 P.M.), King's College (2 P.M.), St. Mary's (2 P.M.), Ophthalmic (10 A.M.), Cancer (2 P.M.), Chelsea (2 P.M.), Gt. Northern Central (2.30 P.M.), West London (2.30 P.M.), London Throat (2 P.M. and 6 P.M.), Samaritan (9.30 A.M. and 2.30 P.M.), Throat, Golden-square (9.30 A.M.).

SATURDAY (20th).—Royal Free (9 A.M. and 2 P.M.), Middlesex (1.30 P.M.), St. Thomas's (2 P.M.), London (2 P.M.), University College (9.15 A.M.), Charing-cross (2 P.M.), St. George's (1 P.M.), St. Mary's (10 P.M.), London Throat (2 P.M.), Throat, Golden-square (9.30 A.M.).

At the Royal Eye Hospital (2 P.M.), the Royal London Ophthalmic (10 A.M.), the Royal Westminster Ophthalmic (1.30 P.M.), and the Central London Ophthalmic Hospitals operations are performed daily.

LECTURES, ADDRESSES, DEMONSTRATIONS, &c.

WEDNESDAY (17th).—HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST (Brompton).—4 P.M. Dr. Latham: Cardiac Pain.

LONDON HOSPITAL MEDICAL COLLEGE (Anatomical Theatre of the College).—4 P.M. Mr. Jonathan Hutchinson: Fatty Tumours and General Adiposity.

THURSDAY (18th).—THE HOSPITAL FOR SICK CHILDREN (Gt. Ormond-street, W.C.).—4 P.M. Mr. Lister: Demonstration of Ophthalmic Cases.

EDITORIAL NOTICES.

IT is most important that communications relating to the Editorial business of THE LANCET should be addressed *exclusively* "TO THE EDITORS," and not in any case to any gentleman who may be supposed to be connected with the Editorial staff. It is urgently necessary that attention be given to this notice.

It is especially requested that early intelligence of local events having a medical interest, or which it is desirable to bring under the notice of the profession, may be sent direct to this office.

Lectures, original articles, and reports should be written on one side of the paper only, AND WHEN ACCOMPANIED BY BLOCKS IT IS REQUESTED THAT THE NAME OF THE AUTHOR, AND IF POSSIBLE OF THE ARTICLE, SHOULD BE WRITTEN ON THE BLOCKS TO FACILITATE IDENTIFICATION.

Letters, whether intended for insertion or for private information, must be authenticated by the names and addresses of their writers, not necessarily for publication.

We cannot prescribe or recommend practitioners.

Local papers containing reports or news paragraphs should be marked and addressed "To the Sub-Editor."

Letters relating to the publication, sale and advertising departments of THE LANCET *should be addressed "To the Manager."*

We cannot undertake to return MSS. not used.

MANAGER'S NOTICES.

THE INDEX TO THE LANCET.

THE Index to Vol. I. of 1901, which was completed with the issue of June 29th, and the Title-page to the Volume, were given in THE LANCET of July 6th.

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VOLUMES for the first half of the year 1901 are now ready. Bound in cloth, gilt lettered, price 18*s.*, carriage extra.

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